APPENDICES

APPENDIX 1: GLOSSARY OF TERMS

GLOSSARY OF TERMS

Note: Refer to the Instructions and Definitions Section of the survey instruments in Appendix 3 for terms not defined here.

Abbreviations used in this report:

AODA - alcohol and other drug abuse
BHI - Bureau of Health Information
CAH - Critical Access Hospital
FTE - full-time equivalent
FY - fiscal year
GMS - general medical-surgical
HMO - health maintenance organization
PPO - preferred provider organization
PPS - prospective payment system

Active/Associate medical staff - Physicians with full admitting privileges at a hospital. Active medical staff generally admit more patients than do associate physicians. Although practices vary from hospital to hospital, associate staff usually do not have voting privileges in medical staff meetings at the facility.

Adjusted census - A calculation that accounts for the average daily census, adjusted to reflect the impact of both inpatient and outpatient volume. The steps used to calculate adjusted census are as follows:

(1) Inpatient gross revenue per inpatient day =
(Total gross inpatient service revenue + Total gross inpatient ancillary revenue) ÷
Total inpatient days

(2) Adjusted outpatient days =
Gross outpatient revenue ÷ Inpatient gross revenue per inpatient day

(3) Adjusted census =
(Total inpatient days + Adjusted outpatient days) ÷ Number of days in fiscal year

Adjusted discharges - A calculation that adjusts the number of discharges (hospitalizations) to reflect the impact of both inpatient and outpatient volume. The steps used to calculate adjusted discharges are as follows:

(1) Inpatient gross revenue per discharge =
(Total gross inpatient service revenue + Total gross inpatient ancillary revenue) ÷
Total inpatient discharges

(2) Outpatient equivalent discharges =
Gross outpatient revenue ÷ Inpatient gross revenue per discharge

(3) Total hospital adjusted discharges =
Total inpatient discharges + Outpatient equivalent discharges

Amortization of financing expense - The gradual recognition of the expenses related to securing a loan or bond. These are recognized over the life of the loan.

Analysis areas - Clusters of counties configured originally into seven administrative districts for the state; modified by BHI to allow for two additional subareas, thus creating a total of nine analysis areas. (See the county listing in Section III and the map in Appendix 4.)

Ancillary revenue - Charges for services other than room, board, and medical nursing services, such as laboratory, radiology, pharmacy, and therapy services, that are provided to hospital patients in the course of care.

Average census - The average number of patients in a hospital. It is calculated by dividing total inpatient days by the number of days in the fiscal year.

Average length of stay - The average period of time (usually stated in days) patients stay in a hospital. It is calculated by dividing total patient days by the number of patients discharged by the facility. Average length of stay may reflect a variety of factors such as case-mix, severity of illness, hospital efficiency, or programmatic considerations.

Average age of plant - Provides a measure of the average age (in years) of a hospital's fixed assets.

Bad debt - Claims arising from rendering patient care services that the hospital, using a sound credit and collection policy, determines are not collectable; does not include charity care and is treated as an expense, rather than a deduction from revenue.

Beds set up and staffed - The number of beds that are staffed by a facility and ready for use at a given time. This may be more or less than the capacity of the facility and usually fluctuates to reflect changes in utilization. Beds set up and staffed may occasionally exceed hospital capacity to cover short-term peaks in utilization, such as might occur following a major multi-vehicle accident.

Capital component of insurance premium - Expense for insurance on buildings and fixtures.

Capital component (of total expenses) - Indicates the portion of hospital expenses allocated to depreciation expense, interest expense, amortization of financing expenses, rents and leases and the capital component of insurance premium.

Critical Access Hospital - GMS care facilities providing outpatient, emergency and short-term inpatient services. Rural not-for-profit hospitals are eligible to convert to CAHs if they are more than a 35-mile drive from another hospital or CAH, and may have up to 15 acute care beds. They may provide inpatient acute care for up to 96 hours before discharging or transferring patients to a hospital in their rural health network. A CAH must have 24-hour emergency care available. Hospitals certified as CAHs are noted as such in Section IV (Individual Hospital Tables).

Charity care - Health care a hospital provides to a patient who, after an investigation of the circumstances surrounding the patient's ability to pay, including nonqualification for a public program, is determined by the hospital to be unable to pay all or a portion of the hospital's normal billed charges.

Current ratio - A ratio of current assets to current liabilities, providing information about a facility's ability to meet its current liabilities.

Days in net patient accounts receivable - Indicates the average length of time that patient accounts are outstanding. Increasing values for this ratio may imply problems in collection or billing.

Deductions from revenue - The portion of charges that were billed to patients for services provided but *were not received* by hospitals due to reduced reimbursement from both government and private sources or charity care. It does not include bad debt, which is treated as an expense. The uncollected charges are treated as deductions from revenue.

Distinct unit - A wing or group of beds at a hospital specially designated and staffed to provide services to a specific class of patients (e.g., orthopedics, hospice, psychiatric).

Equity - Assets or the entries on a balance sheet showing all properties and claims against others that may be applied, directly or indirectly, to cover liabilities.

Equity financing - Relates unrestricted fund balances to total assets.

Expenses - All expired costs for goods and services that have been used or consumed in carrying out some activity during the fiscal year and from which no benefit will extend beyond the present.

Fiscal statistics (also called financial statistics) - Used to indicate a hospital's liquidity or profitability (i.e., the income it retains from revenue after expenses are subtracted). Fiscal statistics are used by health care analysts and financial specialists to evaluate the internal operations of a hospital, and to determine the ability of the institution to incur additional indebtedness. Each statistic represents the relationship between two or more data items and provides a useful measure for assessing a hospital's financial health. Fiscal statistics may be expressed as a ratio or multiplied by 100 and expressed as a percent. The formulas used to calculate most of the fiscal statistics used in this document were taken from the book ***Financial Ratios*** by William O. Cleverley, Ph.D.

Fiscal year - A 12-month accounting period that begins and ends according to the internal operations of a hospital.

Full-time equivalent (FTE) - A measure of staffing levels calculated by dividing the total number of part-time work hours at a facility by the length of the normal full-time work week, and adding the resulting number to the number of full-time persons employed at the facility.

Gross patient revenue - The total charges generated by hospitals to inpatients and outpatients for services provided, regardless of the amount a hospital actually expects to collect.

Health maintenance organization (HMO) - A health care plan that makes available to its participants, in consideration for predetermined periodic fixed payments, comprehensive health care services performed by providers selected by the organization.

Interest expense - Includes all interest incurred on borrowing for working capital purposes and for capital debt purposes.

Long-term debt - Any general obligation of a hospital with a term greater than one year.

Long-term debt to equity ratio - Highlights the extent to which the hospital relies on long-term debt to finance capital assets, an important measure of a hospital's financial health.

Medicare - The federal health insurance program for the elderly and/or disabled, created under 42 USC 1395 and 42 CFR subchapter B, also known as Title 18.

Medical Assistance - A state health insurance program for people with low or no incomes, with federal matching funds, created under ss. 49.43 to 49.497, Wisconsin Statutes, also known as Medicaid, MA, or Title 19.

Net income - Also known as profit, the amount of total revenue retained after subtracting total expenses and factoring in nonoperating gains or losses.

Net patient revenue - Total gross revenue from service to inpatients and outpatients minus total deductions from revenue (i.e., the revenue actually collected by hospitals for services to patients).

Nonoperating gain or loss - Consists of gains or losses from incidental services such as unrestricted gifts, donated services, contributions from donors, unrestricted income from endowment funds, and income from investments other than income related to borrowed funds.

Occupancy rate - A measure of the extent to which a hospital utilizes beds available for patient care. It is calculated by dividing a facility's total inpatient days by the product of the number of beds set up and staffed as of the last day of the fiscal year multiplied by the number of days in the fiscal year.

Other revenue - Consists of revenue from services other than health care provided to patients, as well as sales and services to nonpatients (e.g., cafeteria or gift shop sales). This includes tax appropriations.

Operating margin - Defines the proportion of total revenue that remains after the subtraction of total expenses. Includes revenue from nonpatient care activities, such as cafeteria and gift shop sales.

Outpatient gross revenue - Total charges billed to outpatients for services provided.

Patient revenue - The sum of charges generated by a hospital from patient services only. Patient revenue may be gross or net and may be calculated for all patients, together, and/or separately for inpatients and outpatients.

Profit margin - See Total hospital profit margin.

Return on equity - Indicates profit per dollar invested in the hospital by financial supporters (donors*)* and by the hospital itself through retained profit.

Supplies and services - Includes professional fees, contracted nursing services, malpractice insurance premiums, and all other operating expenses.

Swing bed - An acute care hospital bed that may also be used to treat patients requiring long-term care services. Facilities having swing beds may be eligible for special reimbursement under Medicare for nursing home services provided in those beds if they meet certain conditions.

Times interest earned - Measures the extent to which earnings could fall and still not impair a hospital's ability to repay its interest obligations.

Total asset turnover - Measures the relationship between revenue (a rough measure of output) and assets (a rough measure of input).

Total revenue - The sum of net patient revenue and other revenue from operations.

Total hospital profit margin - Indicates how much the hospital generates (keeps) from all sources.

Volume group - A classification system created by BHI, based upon total hospital discharges (hospitalizations), adjusted to account for both inpatient and outpatient volume. GMS hospitals are ranked from lowest to highest and assigned to a group from 1 to 7. Psychiatric, AODA, state-operated mental health, and rehabilitation facilities are placed in volume group 8.

Volume Group	Adjusted Discharges	Number of Hospitals
1	Low – 2,000	17
2	2,001 – 3,000	16
3	3,001 – 5,000	17
4	5,001 – 8,000	21
5	8,001 – 14,000	17
6	14,001 – 21,000	17
7	21,001 – High	16
8	Specialty Hospitals	16

APPENDIX 2: CAVEATS, DATA LIMITATIONS and TECHNICAL NOTES

Caveats and Data Limitations

Users of this report should consider the following caveats and limitations when analyzing the data:

1. The categories used in the surveys may be interpreted differently by individual hospitals. Consequently, the reported facility data may differ somewhat from the information compiled in BHI's patient data.

2. Each table shows only data reported by each individual hospital. Values were not estimated for missing data. For some statistics, facilities with missing data were dropped from the calculations. Caution is urged in evaluating a group average when a large number of hospitals did not report the necessary data.

3. All data presented in this report are retrospective and based on self-reported information. To complete the *FY 2001 Hospital Fiscal Survey* forms, hospitals extracted data from their audited financial statements and reported the data in a form that may have been different from their original financial statements. Nonetheless, most hospitals made every effort to extract the requested data from their audited financial statements, although some provided only totals because they were unable to disaggregate the data.

4. Since financial and reimbursement data are based on audited financial statements, they will not be consistent with the expected payment source data contained in BHI's patient discharge data.

5. Caution is urged when interpreting a hospital's specific fiscal figures and when comparing one hospital to another. Many different factors can affect these numbers and lead to inaccurate comparisons if they are not considered. For example, reporting periods vary among facilities. Regional pricing differentials and variations in the types of services offered (a hospital's case mix) can also affect fiscal figures. Hospital accounting systems, as well as internal information systems, vary in their levels of sophistication, which affects the quality of the fiscal data.

6. Care should also be taken in interpreting an individual facility's fiscal statistic that is very different from the value for similar facilities. Sometimes the value reported includes an adjustment from a previous year, such as a large Medicare adjustment or a large settlement from a disputed Medical Assistance claim.

7. Occupancy rates for each individual hospital table can exceed 100 percent. The rates are based on the number of beds set up and staffed as of the last day of the fiscal year, excluding holidays and weekends, and this bed count may vary during the course of the year. Furthermore, inpatient service areas may have an overflow of patients during peak periods, requiring the shifting of these patients to temporarily designated beds. As a result, the average census in an inpatient service area may exceed the theoretical capacity implied by a hospital's fiscal year-end bed count.

8. Nine hospitals are not included in the 2001 *Guide to Wisconsin Hospitals* because they did not submit a full year of data to the Bureau of Health Information for the 2001 fiscal year. The following five facilities were new hospitals open only part of their first fiscal years: Children's Hospital of Wisconsin-Fox Valley, Neenah; Orthopaedic Hospital of Wisconsin-Glendale; BayCare Aurora LLC, Green Bay; Oak Leaf Surgical Hospital, Eau Claire; and Columbia Center, LLC, Milwaukee. Two facilities closed during the fiscal year: St. Catherine's Hospital, Kenosha; and Aurora Health Center Kewaunee, Inc., Kewaunee. One hospital changed its fiscal year: St. Francis Hospital, Milwaukee. One hospital changed ownership: LIFECARE Hospitals of Milwaukee.

Technical Notes

If the hospital did not provide a given service, or if the calculation of a ratio is not arithmetically possible, a dash (**-**) has been entered in the tables. **Zeros** have been used to record service counts and percents that are actually zero and do not involve missing or not computable data. The tables list a calculated variable as **"N/A"** if missing data made it impossible to compute the calculated variable. The tables list a "**#**" if the ratio computed would have been a negative number.

Asterisks below indicate that the results shown in the tables have been multiplied by 100 to arrive at a percent figure.

Notes on Utilization Statistics

The following specific utilization measures describe the statistics found in the GMS individual hospital tables. The utilization measures for specialty hospitals differ slightly.

Occupancy Rate (%) *
Total inpatient days ÷ **(**Beds set up and staffed x Number of days in fiscal year**)**

This measure indicates the proportion of the actual inpatient days used in each service to the total number of days that could have been used.

Average Census (Patients)
Total inpatient days ÷ Number of days in the fiscal year

This measure indicates the average number of inpatients in the facility per day.

Average Length of Stay (Days)
Total inpatient days ÷ Total discharges

This measure indicates the average number of inpatient days spent per discharge.

Surgical Operations
These are the actual numbers submitted by hospitals on the *2001 Annual Survey of Hospitals*.

Inpatient Surgeries as Percent of All Surgical Operations *
Number of inpatient surgical operations ÷ Total surgical operations

This measure indicates the proportion of inpatient surgeries to the total surgeries performed in the facility.

Outpatient Visits
These are the actual numbers submitted by hospitals on the *2001 Annual Survey of Hospitals*.

Full-Time Equivalents (FTEs) by category
Number of full-time persons + **(**Total number of part-time hours ÷ Average workweek of a facility's full-time employees**)**

This measure indicates staffing levels, counting full-time persons and the number of part-time hours divided by the average workweek, for individual categories of hospital personnel. For GMS hospitals, these categories include administrators, licensed nurses (registered nurses, licensed practical nurses, and nurse practitioners—not including physician assistants), ancillary nursing personnel, and all other hospital personnel. For psychiatric hospitals, AODA hospitals, and the state-operated mental health institutes, these categories include administrators, licensed nurses, psychologists, social workers, and

all other hospital personnel. For rehabilitation hospitals, these categories include administrators, licensed nurses, ancillary nursing personnel, physical therapists, occupational therapists, and all other hospital personnel.

Full-Time Equivalents (FTEs) per 100 Adjusted Patient Census
Full-time equivalents from the previous section ÷ Adjusted census formula

This measure indicates professional personnel per 100 adjusted patient census. It creates a staff to patient ratio for particular personnel classifications.

Notes on Fiscal Statistics

The following specific financial measures describe the statistics found in the individual hospital tables.

Gross Revenue as a Percent of Total Gross Patient Revenue *
Gross patient revenue for source ÷ Total gross patient revenue

This set of measures lists the sources of total gross patient revenue by the following sources:

◊ Medicare (Medicare and Medicare HMO);
◊ Medical Assistance (Medical Assistance and Medical Assistance HMO);
◊ Commercial (Group and individual accident and health insurance, self funded plans, workers' compensation, HMOs, and all other alternative health care payment systems); and
◊ All other sources.

Deductions as a Percent of Total Gross Patient Revenue *
Deductions from patient revenue for source ÷ Total gross patient revenue

These six measures show the proportion of gross patient revenue **not received** by hospitals from the following sources:

◊ Medicare (Medicare and Medicare HMO);
◊ Medical Assistance (Medical Assistance and Medical Assistance HMO);
◊ Commercial (group and individual accident and health insurance, self funded plans, workers' compensation, HMOs, and all other alternative health care payment systems);
◊ Charity Care;
◊ All other sources; and
◊ Total deductions from revenue (all sources).

Other Revenue and Net Gains or Losses *
This set of measures lists other revenue as a percent of total revenue and net gains/losses as a percent of net income.

Other Revenue as Percent of Total Revenue

Other revenue ÷ Total revenue

This measure indicates the proportion of total revenue that comes from other revenue, which consists of tax appropriations, revenue from services that are not patient care services, and sales and activities made available to persons other than patients that are normally part of the day-to-day operation of a hospital. Examples include, but are not limited to, cafeteria sales, donated supplies, parking lot fees, rentals received, tuition from educational programs, research grants, and income related to borrowed funds.

Net Gains/Losses as Percent of Net Income

(Nonoperating gains - nonoperating losses) ÷ Net Income

This measure indicates the proportion of total net income that comes from net nonoperating gains, which consists of unrestricted gifts, donated services, contributions from donors and unrestricted income from endowment funds minus state and federal corporate taxes as well as other gains/losses not directly related to patient care. A high percentage of net gains means that the hospital generates much of its net income from incidental transactions. A negative figure means that the hospital's taxes and other losses exceed its nonoperating gains.

Expenses as Percent of Total Expenses *

Expenses by category ÷ Total expenses

The four measures below examine individual components of hospital expenses as a proportion of total hospital expenses for the following categories:

◊ Salaries and fringe benefits (payroll and employee benefits);

◊ Supplies and services (professional fees, contracted nursing services, medical malpractice insurance premiums, and all other operating expenses);

◊ Capital component (depreciation, interest expense, amortization of financing expenses, rents and leases, and capital component of insurance premiums) - High capital percentages may reflect recent renovation or construction projects, or a greater investment in high technology equipment. Low percentages may reflect either an older physical plant or a tendency not to use debt financing for major projects; and

◊ Bad debt expense - A high percentage may indicate a problem in collections or reflect the socioeconomic status of patients served by the hospital.

Fiscal Statistics

Each ratio represents the relationship between two or more data items and provides a useful measure for assessing a hospital's financial health.

*Operating Margin **

(Total revenue - total expenses) ÷ (Total revenue)

This ratio defines the proportion of total revenue that remains after the subtraction of total expenses. High operating margins tend to reflect greater cost-efficiency. The Hospital Financial Management Association (HFMA) recommends an operating margin of at least four percent to sustain existing operations.

*Total Hospital Profit Margin **

Net income ÷ (Total revenue + nonoperating gains - nonoperating losses)

Indicates how much the hospital generated (kept) from all sources. A negative number means the hospital operated at a loss.

*Return on Equity **

Net Income ÷ Unrestricted fund balances

The primary test of profitability. Indicates profit per dollar invested in the hospital by financial supporters (donors) and by the hospital itself through retained profit. Measures the rate at which equity grew during the fiscal year.

Current Ratio

Current assets ÷ Current liabilities

One of the most widely used measures of liquidity. The higher the ratio value, the better the facility's ability to meet its current liabilities. A stable current ratio of 1.5 to 2.0 is the hospital industry norm and is viewed as appropriate by credit rating agencies.

Days in Net Patient Accounts Receivable

Net patient receivables ÷ (Net patient revenue ÷ 365)

This measure indicates the collection period for outstanding patient accounts. A high value implies that a hospital is having difficulty in bill collections and may have to resort to debt financing to meet short-term obligations.

Average Payment Period

Current liabilities ÷ [(Total expenses - depreciation expense) ÷ 365]

Provides a measure of the average time that elapses before current liabilities are paid. A high measure implies that a hospital may have problems meeting its current obligations.

Equity Financing *

Unrestricted fund balance ÷ Total assets

Relates fund balances (equity) to total assets. A high ratio means that the hospital tends to use profit and gifts to pay for assets and accumulates little debt. A low ratio means that the hospital tends to rely on debt.

Long-term Debt to Equity Ratio

Long-term debt ÷ Unrestricted fund balance

This ratio measures the relative importance of long-term debt in the hospital's permanent capital structure (long-term debt and fund balances), i.e., the extent to which a hospital relies upon debt rather than equity to finance new capital projects. Hospitals with high ratios have relied more heavily on debt than equity and may have difficulty in obtaining future debt financing for major projects.

Times Interest Earned

(Net income + interest expense) ÷ Interest expense

Measures the extent to which earnings could fall and still not impair the hospital's ability to repay its interest obligations.

Total Asset Turnover

Total revenue ÷ Total assets

Measures the relationship between revenue (a rough measure of output) and assets (a rough measure of input). A high value for this relationship implies that the facility's total investment is being used efficiently and that a large number of services are being provided to the community from a limited resource base.

Average Age of Plant (years)

Accumulated depreciation ÷ Depreciation expense

This ratio provides a measure of the average age in years of a hospital's fixed assets. The calculation assumes straight-line depreciation. Hospitals with relatively high average ages of plant may soon require major capital expenditures and/or debt financing to replace older fixed assets such as buildings or machinery. This can affect future profitability.

Increase (decrease) in Total Net Patient Revenue *

(Total net patient revenue this year - total net patient revenue last year) ÷
Total net patient revenue last year

This ratio measures the percent of increase or decrease in total net patient revenue from the previous fiscal year.

Outpatient Gross Revenue as a Percent of Total Gross Patient Revenue *

Outpatient gross revenue ÷ Gross patient revenue

This ratio measures the proportion of total gross patient revenue that comes from outpatient services. A high percentage indicates that the hospital relies to a greater extent on outpatient revenue.

Patient Statistics

These measures examine average inpatient and outpatient revenues received.

Inpatient Net Revenue per Discharge

Total inpatient net revenue ÷ Total discharges

Inpatient net revenue per discharge represents the average revenue actually received per hospital inpatient stay. Inpatient net revenue is comprised of inpatient charges minus an estimate of the inpatient component of total deductions.

Inpatient Net Revenue per Day

Total inpatient net revenue ÷ Total inpatient days

Inpatient net revenue per patient day represents the average revenue actually received for each day of care provided. Inpatient net revenue is comprised of inpatient charges minus an estimate of the inpatient component of total deductions.

Outpatient Net Revenue per Visit

Total outpatient net revenue ÷ Total outpatient visits

Outpatient net revenue per visit represents the average revenue actually received for each visit of care provided. Outpatient net revenue is comprised of outpatient charges minus an estimate of the outpatient component of total deductions.

APPENDIX 3: SURVEY INSTRUMENTS

2001 Annual Survey of Hospitals

FY 2001 Hospital Fiscal Survey

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
Bureau of Health Information
HCF 0403 (Rev. 10/01)

STATE OF WISCONSIN
Sec. HFS 120.24, Wis. Adm. Code

2001 ANNUAL SURVEY OF HOSPITALS
Bureau of Health Information / American Hospital Association

NEW FOR 2001: Patient Quality/Safety Section page 27; questions on patient safety have been updated. A copy of last year's physician list is being e-mailed to you. Update and return.

INSTRUCTIONS: All blank data items must be completed. See Instructions on page 2 for details. Each hospital receives two copies of the survey: a white copy and a yellow copy. Type or print all required information on the WHITE copy and return it to the Bureau of Health Information (BHI) at the address in the gray box below. The yellow copy should be retained as a hospital file copy since it may be needed during editing follow-up.

Instructions and definitions appear on the reverse side of each page of the survey, unless otherwise noted. Additional information may be reported in **SUPPLEMENTAL INFORMATION** on the last page of the survey.

Fill out the survey using **hospital data only,** except when the hospital owns and operates a nursing home **AND** a common Board of Directors governs the hospital and nursing home. For further information on such facilities, refer to page 6 of the survey.

If information for a category is zero, fill in 0. If information for a category is Not Applicable, fill in 0. Do NOT use dashes, N/A, N/AV, M, or decimals on any line in this survey.

Return To:
Bureau of Health Information
Attn: ASH
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

I. GENERAL INFORMATION ***Type or print any changes***

Hospital Mailing Label

(Changes to information in this area must be reported formally to Bureau of Health Information. See instructions on page 2.)

Contact Person (Name and Title)

Telephone Number ( ) - Ext.

E-mail address

Fax Number ( ) -

Organization and Address (if different from mailing label above)

FY 2001 Beginning Date.

____ / ____ / ____
Mo. Day Yr.

FY 2001 Ending Date.

____ / ____ / ____
Mo. Day Yr.

Questions? Contact Liz Miller at milleej@dhfs.state.wi.us or (608) 266-9248.

INSTRUCTIONS AND DEFINITIONS

GENERAL INSTRUCTIONS:

Note that the instructions and definitions are included with the appropriate section. Read them before completing the survey. For assistance with completing the survey, contact Elizabeth Miller at milleej@dhfs.state.wi.us **or *(608) 266-9248.***

Due Dates: Pursuant to *HFS 120.24, Wis. Adm. Code,* the survey must be completed and returned to BHI depending on the end date of the hospital's fiscal year. If your fiscal year ends between

January 2001 - July 2001 the survey is due…… ….**December 7, 2001**
August 2001 - September 2001 the survey is due……...**January 28, 2002**
October 2001 - December 2001 the survey is due……**April 30, 2002**

report data for a full 12-month period (*365 days*). Report all utilization data (*beds, admissions, discharges, outpatient visits, etc.*) from the 2001 fiscal year. Report data on "*personnel*" and "*medical staff*" as of September 30, 2001, regardless of the end of the fiscal year.

IF INFORMATION FOR A CATEGORY IS ZERO, FILL IN 0.
IF INFORMATION FOR A CATEGORY IS NOT APPLICABLE, FILL IN 0.
DO NOT USE DASHES, N/A, N/AV, M, OR DECIMALS ON ANY LINE IN THIS SURVEY.

In an effort to allow BHI to provide complete and accurate data, data must be submitted for every item. **Missing data, blank fields and "Not available" will not be accepted.** Failure to report all data may result in fines of up to $100 per day.

I. GENERAL INFORMATION- *Please read.*

Name of Administrator, Hospital Name and Address

This is a computer-generated mailing label listing the **name of the administrator, name of the hospital, street address, city, state, and zip code.**

Note: The hospital is required to give **official notice** of any changes to any of the above information within **45 days**.

Hospital

For purposes of the survey, a hospital is defined as the organization or corporate entity licensed as a hospital by the state to provide diagnostic and therapeutic patient services for a variety of medical conditions, including both surgical and non-surgical.

Contact Person and Telephone Number

Enter the **name and title of the person** who has primary responsibility for completing and submitting the form to BHI. Also enter this person's **direct telephone number and extension, fax number and e-mail address.**

Organization and Address

Enter the **name of the organization and the business address of the contact person** (*above*), if the information **differs** from the mailing label.

Reporting Period

Enter the beginning and ending dates of your 2001 fiscal year. **The 2001 fiscal year should be used** for the UTILIZATION DATA (*Sections III pages 7 and 9, V page 19, and VI page 21*). Report fiscal year dates as a six-digit number; for example, July 1, 2001, should be reported as 07/01/01. All data should be presented for the fiscal year, except when otherwise noted (*e.g., September 30, 2001, for personnel and medical staff data*).

II. CLASSIFICATION (pages 3-6) **Type or print all information**

CONTROL:

1 Indicate the type of organization responsible for establishing policy concerning overall hospital operation.

CHECK ONLY ONE CODE.

Government, Nonfederal	Non-government, Not-for-profit	Investor-owned For-profit	Government, Federal
☐ 12 State	☐ 21 Religious Organization	☐ 31 Individual	☐ 45 Veterans Affairs
☐ 13 County	☐ 23 Other not-for-profit	☐ 32 Partnership	
☐ 14 City		☐ 33 Corporation	

2 Is the hospital part of a health care system? ..... ☐ Yes ☐ No
If YES, give name, city, and state of the system headquarters.

(Name) *(City)* *(State)*

3 Is the hospital a division or subsidiary of a holding company? ..... ☐ Yes ☐ No

4 Does the hospital itself operate subsidiary corporations? ..... ☐ Yes ☐ No

5 Is the hospital contract managed? ..... ☐ Yes ☐ No
If YES, give name, city, and state of organization that manages the hospital.

(Name) *(City)* *(State)*

6 Is the hospital a member of an alliance? ..... ☐ Yes ☐ No
If YES, give name, city, and state of the alliance headquarters. **If more than one, list on page 29.**

(Name) *(City)* *(State)*

7 Is the hospital a participant in a health care network? ..... ☐ Yes ☐ No
If YES, give name, city, and state of the network headquarters. **If more than one, list on page 29.**

(Name) *(City)* *(State)*

8 Does the hospital participate in a group purchasing arrangement? ..... ☐ Yes ☐ No
If YES, give name, city, and state of the group purchasing organization.

(Name) *(City)* *(State)*

9 Does the hospital own or operate a primary group practice? ..... ☐ Yes ☐ No

SERVICE

10 Indicate the ONE category that BEST describes the type of service that the hospital provides to the MAJORITY of admissions.

☐ 10 General medical and surgical ☐ 22 Psychiatric ☐ 82 Alcoholism and other Chemical dependency

☐ 46 Rehabilitation ☐ 49 Other (specify treatment area) _____

11 Does the hospital restrict admissions primarily to children? ..... ☐ Yes ☐ No

ACCREDITATION/LICENSURE STATUS (Check all that apply).

12 ☐ JCAHO ☐ AOA ☐ Title 18 certified and HFS 124 licensed

☐ HFS 124 licensed only ☐ Other (specify) _____
[Do not enter "State of Wisconsin"]

II. CLASSIFICATION – Instructions and definitions

CONTROL

Line 1 **Organization type.** Check the box to the left of the type of organization responsible for establishing policy concerning overall operation of the hospital.

Government, Nonfederal. Hospitals controlled by agencies or departments of state or local governments:

State—controlled by an agency of state government.
County—controlled by an agency of county government.
City—controlled by an agency of municipal government.

Non-government, Not-for-profit. Hospitals controlled by not-for-profit organizations, including religious organizations (*i. e., Catholic hospitals*), community hospitals, cooperative hospitals, hospitals operated by fraternal societies, etc.

Investor-owned, For-profit. Hospitals controlled on a for-profit basis by an individual, a partnership, or a profit-making corporation.

Government, Federal. Hospitals controlled by an agency or department of the federal government.

Line 2 **Health care system.** A corporate body that may own and/or manage health provider facilities or health related subsidiaries, as well as non-health-related facilities including freestanding facilities and/or subsidiary corporations.

Lines 3-4 **Data from holding companies and/or subsidiaries should not be included in the rest of the survey**.

Holding company. Any company, incorporated or unincorporated, that is in a position to control or materially influence the management of one or more other companies by virtue of its ownership of securities and/or its rights to appoint directors in the other company or companies.

Subsidiary. A company 100% controlled by another or one that is more than 50% owned by another organization.

Line 5 **Contract managed.** General day-to-day management of an entire organization by another organization, under a formal contract. Managing organization reports directly to the board of trustees or owners of the managed organization; managed organization retains total legal responsibility and ownership of the facility's assets and liabilities.

Line 6 **Alliance.** A formal organization, usually owned by shareholder/members that works on behalf of its individual members in the provision of services and products and in the promotion of activities and ventures. Examples of alliances: American Health Care System and Consolidated Catholic Health Care. **If more than one, list on page 29.**

Line 7 **Health care network.** A group of hospitals, clinics, physicians, other health care providers, insurers, and/or community agencies that work together to coordinate and deliver a broad spectrum of services to their community.

Line 8 **Group Purchasing Agreement.** An organization whose primary function is to negotiate a contract for the purpose of purchasing for members of the group, or has a central supply site for its members.

Line 9 **Primary group practice.** Indicate whether the hospital owns or operates a primary group practice.

SERVICE Check the box to the left of the category that best describes the type of service provided to the majority of admissions.
Line 10

General medical and surgical. Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and non-surgical. **Critical Access Hospitals** should provide that information on line 10, Other, and specify CAH.

Psychiatric. Provides diagnosis, treatment, and supportive services to patients with mental or emotional disorders. Includes state-operated mental health institutes.

Alcoholism and other chemical dependency. Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies.

Rehabilitation. Provides a comprehensive array of restorative services for the disabled and all support services necessary to help them attain their maximum functional capacity.

Other. Specify treatment area on the blank line provided.

Line 11 **Service to children.** Include whether admissions are restricted primarily to children.

ACCREDITATION/LICENSURE STATUS

Line 12 Check the box(es) to the left of the category(ies) that apply.
JCAHO. HFS 124 State license and Joint Commission on Accreditation of Healthcare Organizations accreditation.
AOA. HFS 124 license and American Osteopathic Association accreditation.
Title 18 certified and HFS 124 licensed. Medicare certification (*Title 18*) and state licensure (*HFS 124*).
HFS 124 licensed only. State licensure only.

Other. Specify accreditation status on page 3 of the survey. Do not enter "State of Wisconsin".

II. CLASSIFICATION (continued)

Type or print any information

CERTIFICATION STATUS If more than one provider number, list on page 29:

13 Medicare (Title 18) ..... ☐ Yes ☐ No

If YES, **Provider Number** 52 - ____ ____ ____ ____

14 Medicaid (Title 19) ..... ☐ Yes ☐ No

If YES, **Provider Number** ____ ____ - ____ ____ ____ ____ ____ ____

MANAGED CARE INFORMATION:

Does the hospital have a formal written contract that specifies the obligations of each party with:

15 Health Maintenance Organization *(HMO)*? ..... ☐ Yes ☐ No **If Yes,** how many contracts? ☐

16 Preferred Provider Organization *(PPO)*? ..... ☐ Yes ☐ No **If Yes,** how many contracts? ☐

17 Other managed care or prepaid plan? ..... ☐ Yes ☐ No **If Yes,** how many contracts? ☐

18 Indicate whether any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer *(check all that apply)*:

	(1) Hospital	(2) Health Care System	(3) Network	(4) Joint Venture With Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐

19 What percentage of the hospital's NET patient revenue is being paid on a capitated basis? ☐ %
(If the hospital does not participate in capitated arrangements, **enter "0"**.) (Round; do not use decimals.)

20 Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis? ..... ☐ Yes ☐ No

21 If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated premium, how many lives are covered? ☐

CRITERIA TO DETERMINE IF NURSING HOME DATA SHOULD BE SUBMITTED.

22 Does the hospital own and operate a nursing home facility under HFS 132? ..... ☐ Yes ☐ No

If YES, answer the question on line 23.

If NO, go to Section III. **DO NOT** fill out columns (2) and (3) for lines 147-158, page 21.

23 Is the hospital and nursing home, governed by a common Board of Directors? ..... ☐ Yes ☐ No

24 If answers to both 22 and 23 are YES, check the appropriate box regarding the location of the nursing home facility.

Attached/within hospital ☐ Freestanding on hospital campus ☐ Freestanding off campus ☐

If answers to both 22 and 23 are YES, submit data for columns (1), (2), and (3) on lines 147-158, page 21.

II. CLASSIFICATION – Instructions and definitions (continued)
CERTIFICATION STATUS—If more than one provider number, list on page 29.

Line 13 **Medicare (*Title 18*).** A federal program as a 1965 amendment to the Social Security Act. Provides health insurance benefits primarily to persons over the age of 65 and others eligible for Social Security benefits. Check the appropriate box to indicate whether or not the hospital is certified as a Medicare provider. Provide the hospital's Medicare provider number.

Line 14 **Medicaid (*Title 19*).** A shared federal/state program as a 1965 amendment to the Social Security Act. Administered by states, it provides health care benefits to indigent and other eligible persons. Check the appropriate box to indicate whether or not the hospital is certified as a Medicaid provider. Provide the hospital's Medicaid provider number. A legitimate provider number is 8 digits in length.

MANAGED CARE INFORMATION

Line 15 **Health Maintenance Organization (*HMO*).** An organization that has management responsibility for providing comprehensive health care services on a prepayment basis to voluntarily enrolled persons within a designated population. This includes HMOs reimbursed by Medicare under 42 CFR pt. 417 and Medicaid under *s. 49.45 (3) (b), Wis. Stat*.

Line 16 **Preferred Provider Organization (*PPO*).** An organizational arrangement between providers and at least one group purchaser whereby health care services are purchased for a specific population at a negotiated rate. Providers are paid on a fee-for-service basis.

Line 17 State if any other managed care or prepaid plan.

Line 18 Check the appropriate boxes to indicate what products have been developed by the hospital, health care system, network, or as a joint venture with an insurer.

Lines 19-21 **Capitation.** An at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by those enrolled in the capitated plan. The fixed amount is specified within contractual agreements between the payer and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by those enrolled and the costs of providing these services, recognizing adjustment factors of those enrolled such as age, sex, and family size.

CRITERIA TO DETERMINE IF NURSING HOME DATA SHOULD BE SUBMITTED

Lines 22-24 Check the appropriate boxes to indicate whether or not both of the following conditions are met.

Line 22 The hospital owns and operates a nursing home facility under HFS 132, Wis. Adm. Code; and

Line 23 Both the hospital and nursing home are governed by a common Board of Directors.

Line 24 CHECK THE APPROPRIATE BOX REGARDING THE LOCATION OF THE NURSING HOME FACILITY. **ONLY** HOSPITALS THAT ANSWERED YES TO BOTH OF THE ABOVE CRITERIA (*LINES 22 and 23*) SHOULD ANSWER LINE 24 AND SHOULD SUBMIT DATA FOR COLUMNS (1), (2), AND (3) ON LINES 147-158, PAGE 21. **If these criteria are not met**, NO INFORMATION RELATED TO A NURSING HOME SHOULD APPEAR ON THE SURVEY.

Definitions
For purposes of the survey, a nursing home facility provides non-acute care of the following type to the majority of all admissions: skilled nursing, intermediate care, or residential care/elderly housing.

Skilled nursing care. Provides non-acute medical and skilled nursing care services, therapy, and social services in a Medicare-certified facility under the supervision of a licensed registered nurse on a 24-hour basis. In Wisconsin, this corresponds to SNF, ICF-1 through ICF-3 levels of care.

Intermediate care. Provides health-related services (*nursing care and social services*) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility, but do need supervision and supportive services. In Wisconsin, this corresponds to ICF-4 level of care; however, it should include only persons receiving that level of care in the nursing home, not in a separate living arrangement.

Residential care/Elderly housing. The provision of residential services for those who do not require daily medical nursing services, but may require some assistance in the activities of daily living, includes sheltered care facilities for developmentally disabled or long-term psychiatric patients as well as elderly housing.

III. SELECTED INPATIENT UNIT

If information for a category is zero, fill in 0. If information for a category is Not Applicable, fill in 0. Do NOT use dashes, NA, N/AV, or M.

Account for all adult and pediatric inpatient beds set-up-and-staffed on the last day of the fiscal year (***excluding weekends or holidays***). Do not include normal newborn bassinets. List beds for a line only if a unit is specifically designated for the service area. The number of discharges should include deaths and unit transfers. Refer to page 22 for definitions of discharges and inpatient days.

For each service listed, circle the code number (*see codes 1-5 below*) that best describes the status of the service as of the last day of the fiscal year. See definition of health care system and network on page 4.

NOTE: Service Code numbering changed as of the 1999 survey.

Code	Description
1	**Service is provided in or by the hospital in a DISTINCT AND SEPARATE UNIT. The number of beds and utilization information MUST be provided for inpatient units.**
2	**Service is provided in or by the hospital but NOT IN A DISTINCT AND SEPARATE UNIT.**
3	**Service is provided by the hospital's Health Care System in the community.**
4	**Service IS NOT MAINTAINED by the hospital but is available, in the hospital or another facility, through a FORMAL CONTRACTUAL arrangement with another hospital or provider, including networks and joint ventures.**
5	**SERVICE NOT AVAILABLE either by the hospital or through a formal contractual arrangement with another hospital or provider.**

25 Are any patient services provided by the hospital housed in buildings, in which the hospital has a financial interest, other than the main hospital building? ☐ Yes ☐ No

If YES, in addition to circling code numbers 1-5, **follow the instructions on page 8.**

Code	Description
O	**Service is provided by the hospital but IS HOUSED IN BUILDINGS OTHER THAN THE MAIN HOSPITAL BUILDING.**
B	**Service is provided by the hospital and IS HOUSED AT BOTH THE MAIN HOSPITAL BUILDING AND IN BUILDINGS OTHER THAN THE MAIN HOSPITAL BUILDING.**

Selected Inpatient Units	Beds-set-up-&-staffed last day of fiscal year	Number of discharges/ transfers for fiscal year	Inpatient days for fiscal year	Circle One for each line	O or B
GENERAL MEDICAL/SURGICAL					
26 Adult medical/surgical, acute (include gynecology)				1 2 3 4 5	
27 Orthopedic				1 2 3 4 5	
28 Rehabilitation and physical medicine				1 2 3 4 5	
29 Hospice				1 2 3 4 5	
30 Acute Long Term Care (Hospital Only)				1 2 3 4 5	
31 All Other Acute (specify types) [ ]				1 2 3 4 5	
32 Pediatrics General medical/surgical				1 2 3 4 5	
33 Obstetrics Level of care (1, 2 or 3) (include LDRP, exclude gynecology)				1 2 3 4 5	
34 Psychiatric Inpatient care				1 2 3 4 5	
35 Alcoholism / Chemical Dependency Inpatient care				1 2 3 4 5	

III. SELECTED INPATIENT UNITS—Definitions

Line 25

Main hospital building. Refers to the building(s) approved for licensure by the Department of Health and Family Services, Bureau of Quality Assurance under sections 50.32 to 50.39, Wis. Stat.

Services housed in other buildings in which the hospital has a financial interest. Indicate whether or not patient services are provided by the hospital in buildings other than the main hospital building. Answer **YES** ONLY if the hospital has a financial interest in the buildings. **Includes space leased by the hospital.** The buildings usually have separate street addresses from the main hospital building.

If a service *(coded 1, 2 or 4)* is located **only** in buildings in which the hospital has a financial interest, **other than the main hospital building** put an **O** in the far right column. If a service *(coded 1, 2 or 4)* is located at **both** the main hospital building **and** in buildings in which the hospital has a financial interest, put a **B** in the far right column. (*Refer to SERVICE CODES key in shaded box on page 7*.) Provide addresses for additional buildings on line 132, page 17. **NOTE: Service Code numbering changed as of the 1999 Annual Survey of Hospitals.**

Lines 26-48

For each service, circle the code number that best describes the status of the service as of the last day of the fiscal year, except weekends and holidays (*Refer to the SERVICE CODES key in the shaded box on page 7*.) **Do not** report admissions data in this section.

Line 26

Adult medical/surgical, acute. Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans. Includes gynecology services. **See note on page 9.**

Line 27

Orthopedic. Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints.

Line 28

Rehabilitation and physical medicine. Provides coordinated multidisciplinary physical restorative services to inpatients under the direction of a physician knowledgeable and experienced in rehabilitative medicine. This service has beds set-up-and-staffed.

Line 29

Hospice. A unit or inpatient program providing palliative care—chiefly medical relief of pain and supportive services to terminally ill patients—and assistance to their families in adjusting to the patient's illness and death.

Line 30

Acute Long Term Care. Provides specialized acute hospital care to medically complex patients who are critically ill, have multi-system complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24 hour/7 day a week basis. **Hospital Only.**

Line 32

Pediatric, general medical/surgical. Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.

Line 33

Obstetrics. A Labor, Delivery, Recovery, and Postpartum (*LDRP*) unit is also known as a birthing room. Levels of care should be designated as follows: (1) Unit provides services for uncomplicated maternity and newborn cases; (2) Unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; or (3) Unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist.

Line 34

Psychiatric inpatient care. Provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons. **See note on page 9.**

Line 35

Alcoholism/chemical dependency inpatient care. Provides inpatient care and/or rehabilitative services to patients for whom the primary diagnosis is alcoholism/chemical dependency. Includes detoxification services. **See note on page 9.**

Lines 26-45--Beds set-up-and-staffed.

Report the number of beds regularly available (*those set-up-and-staffed for use*) on the last day of the hospital's fiscal year. Report only operating beds, not constructed bed capacity. Include all bed facilities that are set-up-and-staffed for use by inpatients that have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to, or reserved for, them.

Include Medicare-certified swing beds.

Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and patients who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, post-anesthesia, or post-operative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital.

Selected Inpatient Units (continued)	Beds set-up &-staffed Last day of fiscal year	Number of discharges/ transfers for fiscal year	Inpatient days for fiscal year	Circle One for each line	O or B
ICU/CCU					
36 **Medical/surgical intensive care**				1 2 3 4 5	
37 **Cardiac intensive care**				1 2 3 4 5	
38 **Pediatric intensive care**				1 2 3 4 5	
39 **Burn care**				1 2 3 4 5	
40 **Mixed intensive care**				1 2 3 4 5	
41 **Step-down** *(special care)*				1 2 3 4 5	
42 **Neonatal intensive / intermediate care** *(exclude normal newborns)*				1 2 3 4 5	
43 **All other intensive care** [specify type(s)] _____				1 2 3 4 5	
44 **SUBACUTE CARE** Inpatient care				1 2 3 4 5	
45 **ALL OTHER INPATIENT UNITS** [specify treatment area(s)] _____				1 2 3 4 5	
46 **TOTAL HOSPITAL FACILITY** (**Exclude** Medicare-certified swing bed inpatient days. **Include** non-Medicare -certified, swing bed inpatient days.)	(add lines 26-45)		(add lines 26-45)		
47 **MEDICARE-CERTIFIED SWING UNIT** (Medicare patients only) ..... (Report **average** number of beds used)	(average # beds used)	(discharges and transfers)	(inpatient days)	1 2 3 4 5	
48 Newborn nursery (*bassinet and utilization should be reported on lines 144-146, page 19*)				1 2 3 4 5	

NOTE: If the hospital has beds of more than one type in a mixed unit, all bed and utilization data for all bed types found in that unit should be reported on the line corresponding to the mixed unit. Code the "mixed unit" with a "1," and code each individual bed type line for that unit with a "2."

Example: If "Mixed intensive care" is the main unit for intensive care beds, code it "1" and the types of beds that may be found there "2." All bed and utilization data should be reported on line 40 "Mixed intensive care."

For a unit coded "2," utilization may be reported only if beds, discharges, and inpatient days are all available.

III. SELECTED INPATIENT UNITS—Instructions and definitions (continued)

Line 36 **Medical/surgical intensive care.** Provides patient care of a more intensive nature than the usual medical & surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.

Line 37 **Cardiac intensive care.** Provides care of a more specialized nature to cardiac patients. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.

Line 38 **Pediatric intensive care.** Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified comprehensive observation and care.

Line 39 **Burn care.** Provides care to severely burned patients. Severely burned patients are those with any of the following: 1) second degree burns of more than 25% total body surface area for adults or 20% total body surface area for children; 2) third degree burns of more than 10% total body surface area; 3) any severe burns of the hands, face, eyes, ears, or feet; or 4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.

Line 40 **Mixed intensive care.** Any combination of more than one type of intensive care. If the hospital has a mixed intensive care unit (*more than one of the intensive care types listed*), enter all bed and utilization information on this line. Service code "2" is not valid. **See note on page 9.** If the hospital has beds of more than one type in a mixed unit, all bed and utilization data for all bed types found in that unit should be reported on the line corresponding to the mixed unit. Code the "mixed unit" with a "1," and code each individual bed type line for that unit with a "2."
Example: If "Mixed intensive care" is the main unit for intensive care beds, code it "1" and the types of beds that may be found there "2." All bed and utilization data should be reported on line 40 "Mixed intensive care."

Line 41 **Step-down (*special care*).** Provides care to patients requiring care more intensive than that provided in the acute care area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. The unit has specially trained nursing personnel and contains monitoring and observation equipment for intensified comprehensive observation and care. These units are sometimes referred to as definitive observation, step down, or progressive care units. Nursing person-hour requirements generally exceed those in the hospital's general medical/surgical acute unit by more than 50% and nursing person-hour requirements are generally less than 75% of those in the hospital's intensive care units.

Line 42 **Neonatal intensive/intermediate care.** Must be separate from the normal newborn nursery. Provides intensive intermediate, or recovery care and management to high-risk neonatal infants including those in the very lowest birth weights (*less than 1500 grams*). The NICU has the potential for providing mechanical ventilation, temperature support, neonatal surgery, and specialty care for the sickest infants born in the hospital or transferred from another institution. The intermediate and/or recovery care provides some specialized services, including temperature support, immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring, for the care of a patient who requires a less intensive care and a lower ratio of nursing personnel to patient than a patient in intensive care.

Line 43 **All other intensive care.** All other units that provide care of a more intensive nature to patients.

Line 44 **Subacute care.** A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures. **Hospital Only.**

Line 46 **Total Hospital Facility.** Add lines 26-45 for beds-set-up-and-staffed, and for inpatient days.

Line 47 **Medicare-certified swing unit.** An acute care bed that has been designated by a hospital to provide either acute or long-term care services and has met the following conditions under section 1883, b1 of the Social Security Act:

(1) A hospital must be located in a "rural" area. Rural means any area that has not been designated as urban by the U.S. Bureau of the Census.
(2) A hospital must have less than 100 acute care beds.

Report Medicare patients ONLY. If the service is provided, but not in a distinct and separate unit (level 2), report the average number of beds available for use as swing.

Line 48 **Newborn nursery.** Provides care to newborn and premature infants in nursery units, based on physicians' orders and approved nursing care plans. Put all bassinet and utilization information on page 19, lines 144-146.

IV. SELECTED ANCILLARY AND OTHER SERVICES

Selected Ancillary and Other Services	*Circle One*	*O or B*

For each service, circle the code number that best describes the status of the service as of the last day of the fiscal year, except weekends and holidays *(pages 11-18)*.

49	AIDS/HIV – Specialized outpatient program for AIDS/HIV	1 2 3 4 5	
50	Alcoholism/chemical dependency outpatient services *(psych/social)*	1 2 3 4 5	
	Ambulance/transportation services- Non-emergency		
51	- **Non-emergency** inter-facility transports by ground ambulance	1 2 3 4 5	
52	- **Non-emergency** inter-facility transports by air ambulance	1 2 3 4 5	
53	Arthritis treatment center	1 2 3 4 5	
54	Assisted living	1 2 3 4 5	
55	Auxiliary	1 2 3 4 5	
56	Birthing room/Labor, delivery, recovery, postpartum room *(LDR or LDRP room)*	1 2 3 4 5	
	Cardiac services		
57	- Cardiac angioplasty *(percutaneous transluminal)*	1 2 3 4 5	
58	- Cardiac catheterization laboratory	1 2 3 4 5	
59	- Cardiac rehabilitation program	1 2 3 4 5	
60	- Noninvasive cardiac assessment services	1 2 3 4 5	
61	- Open-heart surgery	1 2 3 4 5	
62	Case management	1 2 3 4 5	
63	Crisis prevention	1 2 3 4 5	
64	Complementary Services	1 2 3 4 5	
	Dialysis services:		
65	- Hemodialysis	1 2 3 4 5	
66	- Peritoneal dialysis	1 2 3 4 5	
	Emergency/urgent care:		
67	- Emergency department *(general medical and surgical)*	1 2 3 4 5	
68	- Trauma center **[Self-designated level ☐]**	1 2 3 4 5	
69	- Urgent care center	1 2 3 4 5	
70	Ethics committee	1 2 3 4 5	
71	Extracorporeal shock wave lithotripter *(ESWL)* **CHECK ONE** Fixed ☐ Mobile ☐	1 2 3 4 5	
72	Fitness center	1 2 3 4 5	

IV. SELECTED ANCILLARY AND OTHER SERVICES – Definitions

See instructions on pages 7 and 8 regarding level 1-5 and **O** or **B**.

Line 49 **AIDS/HIV – Specialized outpatient program for AIDS/HIV.** Special outpatient program providing diagnosis, treatment, continuing care planning, and counseling for HIV/AIDS patients and their families.

Line 50 **Alcoholism/chemical dependency outpatient services *(psych/social)*.** Hospital services for the provision of medical care and/or rehabilitative treatment services to OUTPATIENTS for whom the primary diagnosis is alcoholism or other chemical dependency.

Line 51 **Non-emergency Inter-facility transports by ground ambulance.** Provision of transportation services, via ground ambulance, that moves patients on a non-emergency basis to another health care facility or other location.

Line 52 **Non-emergency Inter-facility transports by air ambulance.** Provision of transportation services, via air ambulance, that moves patients on a non-emergency basis to another health care facility or other location.

Line 53 **Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.

Line 54 **Assisted living.** A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbors, and friends.

Line 55 **Auxiliary.** A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community.

Line 56 **Birthing room/Labor, delivery, recovery, postpartum room *(LDR or LDRP room)*.** An in-hospital combination labor and delivery unit with a home-like setting, for mothers and fathers who have completed specified childbirth courses or classes. If complications are recognized during labor, adjacent facilities are immediately available for emergency care.

Line 57 **Cardiac angioplasty *(percutaneous transluminal)*.** An operation for enlarging a narrowed coronary arterial lumen by peripheral introduction of a balloon-tip catheter and dilating the lumen on withdrawal of the inflated catheter tip.

Line 58 **Cardiac catheterization laboratory.** Facilities for special diagnostic procedures necessary for the care of patients with cardiac conditions. Available procedures must include, but need not be limited to, introduction of a catheter into the interior of the heart by way of a vein or artery, or by direct needle puncture. Procedures must be performed in a laboratory or a special procedures room.

Line 59 **Cardiac rehabilitation program.** Restorative services whereby a patient is reconditioned from a state of cardiac injury, or high risk to resume daily activities of living at an optimum level. Counseling and education are often components of these programs. Cardiac rehab services are used after open-heart surgery, angioplasty, acute myocardial infarction *(heart attack)*, and for patients identified as being at high risk for adverse cardiovascular events.

Line 60 **Noninvasive cardiac assessment services.** Includes cardiac studies, tests, and evaluations not conducted in the cardiac catheterization laboratory or operating room. Noninvasive cardiac assessment services include at a minimum: echocardiography and exercise stress testing *(stress EKG)*; and may additionally include nuclear medicine studies.

Line 61 **Open-heart surgery.** Heart surgery where the chest has been opened and the blood recirculated and oxygenated with the proper equipment and staff necessary to perform the surgery. These refer to diagnosis-related groups *(DRGs)*104 to 108.

Line 62 **Case management.** A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care.

Line 63 **Crisis prevention.** Services provided in order to promote physical and mental well being and the early identification of disease and ill health prior to the onset and recognition of symptoms so as to permit early treatment.

Line 64 **Complementary Services.** Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, message therapy, biofeedback, etc.

Line 65 **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency, on an inpatient or outpatient basis.

Line 66 **Peritoneal dialysis.** Procedure where dialysate is introduced periodically through the peritoneal membrane into the abdominal cavity, and waste products, as well as the dialysate are removed from the patient's body.

Line 67 **Emergency department** *(general medical and surgical)*. Hospital facilities for the provision of unscheduled outpatient services *(general medical and surgical*) to patients whose conditions are considered to require immediate care. Must be staffed 24 hours a day. Collection of JCAHO Levels has been discontinued.

Line 68 **Trauma center**. A facility that is self-designated to provide emergency and specialized intensive care to critically ill and injured patients. Level 1 is a regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership roll in trauma research and education. Level 2 is a community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care. Level 3 is a rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities. Report the level.

Line 69 **Urgent care center.** A facility that provides care and treatment for problems that are not life-threatening but require attention over the short term. These units function like emergency rooms but are separate from hospitals with which they may have backup affiliation arrangements. Report the number of visits on lines 137 or 138 as appropriate.

Line 70 **Ethics committee.** Multidisciplinary committee that helps identify ethical implications of health care choices and their possible resolutions, perhaps through educational programs, discussion, advisory consultation, retrospective review, or institutional policy development on bioethical issues.

Line 71 **Extracorporeal shock wave lithotripter *(ESWL)*.** A medical device used for treating stones in the kidney or ureter. The device disintegrates kidney stones non-invasively through the transmission of acoustic shock waves directed at the stones. Check either **Fixed** or **Mobile** (If coded 1, 2 or 4).

Line 72 **Fitness center.** Provides exercise, testing or evaluation programs, and fitness activities to the community and hospital employees. May include weight control programs.

Selected Ancillary and Other Services		Circle One	O or B
	Food service		
73	- Meals on wheels	1 2 3 4 5	
74	- Nutrition programs	1 2 3 4 5	
75	Genetic counseling/screening	1 2 3 4 5	
	Geriatric services		
76	- Adult day care program	1 2 3 4 5	
77	- Alzheimer's diagnosis/assessment	1 2 3 4 5	
78	- Comprehensive geriatric assessment	1 2 3 4 5	
79	- Emergency response system	1 2 3 4 5	
80	- Geriatric acute care unit	1 2 3 4 5	
81	- Geriatric clinics	1 2 3 4 5	
82	- Respite care	1 2 3 4 5	
83	- Retirement housing	1 2 3 4 5	
84	- Senior membership program	1 2 3 4 5	
	Health promotion		
85	- Community health promotion	1 2 3 4 5	
86	- Patient education	1 2 3 4 5	
87	- Worksite health promotion	1 2 3 4 5	
88	Home health services	1 2 3 4 5	
89	Home hospice services	1 2 3 4 5	
	Mammography services		
90	- Diagnostic mammography	1 2 3 4 5	
91	- Mammography screening	1 2 3 4 5	
92	Occupational health services	1 2 3 4 5	
	Occupational, physical, and/or rehabilitation services		
93	- Audiology	1 2 3 4 5	
94	- Occupational therapy	1 2 3 4 5	
95	- Physical therapy	1 2 3 4 5	
96	- Recreational therapy	1 2 3 4 5	
97	- Rehabilitation inpatient services *(service does not have beds)*	1 2 3 4 5	
98	- Rehabilitation outpatient services	1 2 3 4 5	

IV. SELECTED ANCILLARY AND OTHER SERVICES – Definitions (continued)

Line 73 **Meals on wheels.** A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.

Line 74 **Nutrition programs.** Those services within a facility that are designed to provide inexpensive, nutritionally sound meals to patients (includes inpatients and outpatients).

Line 75 **Genetic counseling/screening.** A service equipped with adequate laboratory facilities and directed by a qualified physician, to advise parents and prospective parents on potential problems in cases of genetic defects. Service provides antenatal diagnosis including amniocentesis, chorion villi sampling, fetal blood sampling, and magnetic resonance imaging. Service shall have appropriate ultrasound evaluation capacity.

Line 76 **Adult day care program.** Program providing supervision, medical and psychological care, and social activities for older adults who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services.

Line 77 **Alzheimer's diagnosis/assessment.** Specially organized program to diagnose and evaluate people suspected of having Alzheimer's disease. Includes the assessment of medical, social, and behavioral conditions, and development of a treatment plan addressing family preferences and financial options as well as medical concerns.

Line 78 **Comprehensive geriatric assessment.** A service that determines geriatric patients' long-term care service needs. Includes the assessment of medical conditions, functional activities, mental and emotional conditions, individual and family preferences, and financial status.

Line 79 **Emergency response system.** A program for disabled and/or homebound elderly individuals whereby subscribers have an emergency response unit attached to their telephone, linking them to the hospital emergency department and allowing them to automatically call for help by pressing a button that they can carry or wear.

Line 80 **Geriatric acute care unit.** A unit that provides acute care to elderly patients in specially designed medical and surgical units. These services may have trained staff in geriatrics, architectural adaptations designed to accommodate the decrease in sensory perception of older adults, or age 65+ eligibility requirements.

Line 81 **Geriatric clinics.** Special medical or surgical clinics providing services targeted to older adults such as arthritis, primary geriatric, and podiatry clinics. Includes clinics or centers that are geographically located at some distance from the hospital, such as senior citizens' centers or senior housing complexes.

Line 82 **Respite care.** Facilities and services that provide for short-term placement of individuals to help meet family emergencies, planned absences *(such as vacations or hospitalizations)*, or to allow the family care givers to shop or do errands.

Line 83 **Retirement housing.** A facility which provides social activities to senior citizens, usually retired persons who do not require health care, but some short-term skilled nursing care may be provided. A retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long-term care through affiliated institutions.

Line 84 **Senior membership program.** A senior enrollment program that offers older adults service benefits such as information, claims assistance, education and senior wellness programs, and discounts for other hospital services. May or may not charge an application fee.

Lines 85-87 **Health promotion.** Education and/or other supportive services that are planned and coordinated by the hospital and that will assist individuals or groups to: adopt healthy behaviors and/or reduce health risks, increase self-care skills, improve management of common minor ailments, use health care services effectively, and/or improve understanding of medical procedures and therapeutic regimens.

Line 88 **Home health services.** Service providing skilled nursing, therapy, and health-related homemaker or social services in the patient's home.

Line 89 **Home hospice program.** A program providing palliative care to terminally ill patients and their families in the home.

Line 90 **Diagnostic mammography.** The x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.

Line 91 **Mammography screening.** The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women.

Line 92 **Occupational health services.** Services that protect the safety of employees from hazards in the work environment.

Line 93 **Audiology.** The science of hearing: examination, diagnosis, evaluation, and therapy.

Line 94 **Occupational therapy.** Facilities for the provision of occupational therapy services prescribed by physicians and administered by, or under the direction of, a qualified occupational therapist.

Line 95 **Physical therapy.** Facilities for the provision of physical therapy services prescribed by physicians and administered by, or under the direction of, a qualified physical therapist.

Line 96 **Recreational therapy.** Facilities for the provision of recreational therapy services prescribed by physicians and administered by, or under the direction of, a qualified recreational therapist.

Line 97 **Rehabilitation inpatient services.** Inpatient program, that does not have beds, providing medical, health-related, therapy, social, and/or vocational services to help disabled persons attain or retain their maximum functional capacity.

Line 98 **Rehabilitation outpatient services.** Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help disabled persons attain or retain their maximum functional capacity.

Selected Ancillary and Other Services		Circle One	O or B
	Occupational, physical, and/or rehabilitation services (continued)		
99	- Respiratory therapy	1 2 3 4 5	
100	- Speech pathology/therapy	1 2 3 4 5	
101	Oncology services	1 2 3 4 5	
	Outpatient services – ***(see instructions page 16)***	**See special instructions**.	
102	- Outpatient services – within the hospital	1 2 3 4 5	
103	- Outpatient services – on hospital campus, but in freestanding center	1 2 3 4 5	
104	- Outpatient services – freestanding off hospital campus	1 2 3 4 5	
105	Pain Management Program	1 2 3 4 5	
106	Patient representative services	1 2 3 4 5	
	Psychiatric services		
107	- Psychiatric child/adolescent services	1 2 3 4 5	
108	- Psychiatric consultation – liaison services	1 2 3 4 5	
109	- Psychiatric education services	1 2 3 4 5	
110	- Psychiatric emergency services *(report utilization on line 137, page 19)*	1 2 3 4 5	
111	- Psychiatric geriatric services	1 2 3 4 5	
112	- Psychiatric outpatient services	1 2 3 4 5	
113	- Psychiatric partial hospitalization program	1 2 3 4 5	
114	Radiation therapy	1 2 3 4 5	
	Radiology, diagnostic – ***(see instructions page 16)***	**See special instructions**.	
115	- CT scanner *(Computed Topographic Scanner)* **CHECK ONE.** ☐ **Fixed** ☐ **Mobile** ☐ **Both**	1 2 3 4 5	
116	- Diagnostic radioisotope facility	1 2 3 4 5	
117	- Magnetic resonance imaging *(MRI)* **CHECK ONE.** ☐ **Fixed** ☐ **Mobile** ☐ **Both**	1 2 3 4 5	
118	- Position emission tomography scanner *(PET)*	1 2 3 4 5	
119	- Single photon emission computerized tomography *(SPECT)* **CHECK ONE.** ☐ **Fixed** ☐ **Mobile** ☐ **Both**	1 2 3 4 5	
120	- Ultrasound	1 2 3 4 5	

IV. SELECTED ANCILLARY AND OTHER SERVICES – Definitions (continued)

Line 99 **Respiratory therapy.** The equipment and staff necessary for the administration of oxygen and certain potent drugs through inhalation or positive pressure.

Line 100 **Speech pathology/therapy.** Services providing evaluation and treatment to inpatients or outpatients with speech and language disorders.

Line 101 **Oncology services.** An organized program for the treatment of cancer by the use of drugs or chemicals.

Special Instructions line 102: *Building codes "O" or "B" are not valid for line 102.*

Line 102 **Outpatient services - within the hospital.** Organized hospital health care services offered by appointment on an ambulatory basis. Services may include examination, diagnosis, and treatment of a variety of medical conditions on a non-emergency basis, laboratory and other diagnostic testing as ordered by staff or outside physician referral, and outpatient surgery.

Special Instructions line 103: *Service code "2" is not valid. Building code "B" is not valid for line 103.*

Line 103 **Outpatient services – on hospital campus, but in freestanding center.** All facilities owned and operated by the hospital, physically separate from the hospital **and for which the hospital receives revenue**, but on the hospital campus. May provide examination, diagnosis, and treatment of a variety of medical conditions and various other treatments *(including outpatient surgery)* on an outpatient basis only. In addition to treating minor illnesses or injuries, the center will stabilize seriously ill or injured patients before transporting them to a hospital. Laboratory and radiology services are usually available.

Special Instructions line 104: *Service code "2" is not valid. Building code "B" is not valid for line 104*.

Line 104 **Outpatient services – freestanding off hospital campus. All** facilities owned and operated by the hospital, physically separate from the hospital, off the hospital campus **and for which the hospital receives revenue**. May provide examination, diagnosis, and treatment of a variety of medical conditions and various other treatments *(including outpatient surgery)* on an outpatient basis only. In addition to treating minor illnesses or injuries, the center will stabilize seriously ill or injured patients before transporting them to a hospital. Laboratory and radiology services are usually available.

Line 105 **Pain Management Program.** A hospital wide formalized program that includes staff education for the management of chronic and acute pain based on guidelines and protocols like those developed by the Agency for Health Care Policy Research, etc.

Line 106 **Patient representative services.** Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high-quality care and services.

Line 107 **Psychiatric child/adolescent services.** Provision of care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.

Line 108 **Psychiatric consultation-liaison services.** Provision of organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients.

Line 109 **Psychiatric education services.** Provision of psychiatric education services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns.

Line 110 **Psychiatric emergency services.** Hospital facilities and services for emergency outpatient care of psychiatric patients whose conditions are considered to require immediate care. Staff must be available 24 hours a day. Report the number of visits on line 137, page 19.

Line 111 **Psychiatric geriatric services.** Provision of care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment.

Line 112 **Psychiatric outpatient services.** Hospital facilities and services for the medical care of psychiatric outpatients, including diagnosis and treatment.

Line 113 **Psychiatric partial hospitalization program.** Organized hospital services of intensive day/evening outpatient services of three hours or more duration but are distinguished from other outpatient visits of one hour.

Line 114 **Radiation therapy.** The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy.

Special Instructions: *Check one:* ***Fixed, Mobile****, or* ***Both*** (if coded 1, 2 or 4)

Line 115 **CT scanner.** Computer tomographic scanners for head or whole body scans.

Line 116 **Diagnostic radioisotope facility.** The use of radioactive isotopes *(radiopharmaceutical)* as tracers or indicators to detect an abnormal condition or disease.

Special Instructions: *Check one:* ***Fixed, Mobile, or Both*** (if coded 1, 2 or 4).

Line 117 **Magnetic resonance imaging *(MRI)*.** The use of uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vitro without the use of ionizing radiation, radioisotopic substances, or high frequency sound.

Line 118 **Positron emission tomography scanner *(PET)*.** A nuclear medicine imaging technology that uses radioactive *(positron emitting)* isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy.

Special Instructions: *Check one:* ***Fixed, Mobile, or Both*** (if coded 1, 2 or 4).

Line 119 **Single photon emission computerized tomography *(SPECT)*.** A nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image.

Line 120 **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures for diagnostic purposes.

Selected Ancillary and Other Services	Circle One	O or B
Reproductive health		
121 - Fertility counseling	1 2 3 4 5	
122 - In vitro fertilization	1 2 3 4 5	
123 Social work services	1 2 3 4 5	
124 Sports medicine clinic/services	1 2 3 4 5	
125 Surgery, ambulatory or outpatient *(day surgery)*	1 2 3 4 5	
Transplant services		
126 - Bone marrow transplant program	1 2 3 4 5	
127 - Heart and/or lung transplant	1 2 3 4 5	
128 - Kidney transplant	1 2 3 4 5	
129 - Tissue transplant	1 2 3 4 5	
130 Women's health center/services	1 2 3 4 5	

131 Are additional nonlisted **patient** services provided by the hospital? ☐ Yes ☐ No
If YES, list and indicate with O or B if provided in other buildings
(If more room is needed, use page 29 of the survey.)

132 If **O** or **B** is used on lines **26-130**, indicate the number of locations and the address(es) and service(s) provided. *(If more room is needed, use page 29 of the survey.)*

Number of other locations ☐

Street address _____ Street address _____

City _____ City _____

Service _____ Line ____ Service _____ Line ____

Service _____ Line ____ Service _____ Line ____

Service _____ Line ____ Service _____ Line ____

133 Are there any physicians' clinics that use the hospital's Medicare provider number **reported on page 5, line 13**, for Medicare billing? ☐ Yes ☐ No

If YES, indicate the number of clinics. ☐

If YES, indicate the street address and city. *(If more than one address, list on page 29 of the survey.)*

Street address _____

City _____

IV. SELECTED ANCILLARY AND OTHER SERVICES—Definitions (continued)

Line 121 **Fertility counseling.** A service that counsels and educates on infertility problems and includes laboratory and surgical workup and management for individuals having problems conceiving children.

Line 122 **In vitro fertilization.** A program providing for the induction of fertilization of a surgically removed ovum by donated sperm in a culture medium followed by a short incubation period. The embryo is then reimplanted in the female womb.

Line 123 **Social work services.** Services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination. May include community support groups.

Line 124 **Sports medicine clinic/services.** Provision of diagnostic screening and assessment, clinical, and rehabilitation services for the prevention and treatment of sports-related injuries.

Line 125 **Surgery, ambulatory or outpatient (*day surgery*).** Scheduled surgical services provided to patients who do not remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.

Line 126 **Bone marrow transplant program.** Bone marrow transplants are typically performed on selected cancer patients as part of their rescue treatment following extensive chemotherapy and radiation therapy. A bone marrow program involves a significant dollar investment in special facilities and trained staff for bone marrow procurement, compatibility testing, frozen storage, transplantation, as well as appropriately trained physicians, critical care nurses, and lab facilities for managing severely immunocompromised patients following completion of bone marrow transplant procedures.

Line 127 **Heart and/or lung transplant.** Service offering specially trained and equipped staff to perform the surgical removal of a viable human heart and/or lung from a deceased person immediately after death, **and** the surgical grafting of the heart and/or lung to a suitably evaluated and prepared patient.

Line 128 **Kidney transplant.** Service offering specially trained and equipped staff to perform the surgical removal of a viable kidney from either a living donor or a deceased person immediately after death, **and** the surgical grafting of the kidney to a suitably evaluated and prepared patient.

Line 129 **Tissue transplant.** Service offering specially trained and equipped staff to perform the surgical removal of viable human tissue from either a living or deceased person immediately after death, **and** the surgical grafting of the tissue into a suitably evaluated and prepared patient.

Line 130 **Women's health center/services.** A specific area that has been set aside for coordinated education and treatment services specifically for women and are promoted to women as provided by the special unit. Services may or may not include obstetrics, but include a range of services other than OB.

Line 131 **Additional nonlisted services.** Indicate whether or not additional nonlisted service(s) are provided. If **YES**, add any additional service(s) in the space provided. Also, if the services are provided in other buildings in which the hospital has a financial interest, enter the street address and city. (*If more room is needed, use page 29.*)

Line 132 **Location and services.** See definition for line 25, page 8. If **O** or **B** is used on lines **26-130**, indicate the number of other locations and the address(es) and service(s) provided. Indicate the service line number with which the address correlates. (*If more room is needed, use page 29.*)

Line 133 **Medicare billing.** Indicate whether or not any physicians' clinics use the hospital's Medicare provider number **reported on page 5, line 13,** for Medicare billing. If **YES**, indicate the number of clinics, the street address, and city. (*If more than one address, list on page 29 of the survey.*)

V. SELECTED SERVICE UTILIZATION

DO NOT SKIP THIS PAGE. FILL IN ALL LINES.

If information for a category is zero, fill in 0.
If information for a category is Not Applicable, fill in 0.
Do NOT use dashes, N/A, N/AV, or M.

SURGICAL OPERATIONS *(whether major or minor)*

134 Inpatient surgical operations *(not procedures)* .....

135 Outpatient surgical operations *(not procedures)* .....

136 TOTAL surgical operations *(not procedures)* [line 134 + line 135] .....

OUTPATIENT VISITS

137 Emergency visits .....

-Number of emergency visits that resulted in inpatient admissions (Subset of line 137) [ ]

138 Other visits *(all non-emergency visits, including physician referrals and outpatient surgeries)* .....

139 Observation visits .....

140 TOTAL outpatient visits [*line 137 + line 138 + line 139*] .....

NON-EMERGENCY AMBULANCE/TRANSPORT SERVICES

141 Non-emergency inter-facility transports by ground ambulance .....

142 Non-emergency inter-facility transports by air ambulance .....

143 TOTAL non-emergency transports by ambulance [*line 141 + line 142*] .....

NEWBORN NURSERY

144 Number of bassinets set-up-and-staffed as of the last day of the fiscal year
(exclude neonatal beds listed on page 9) .....

145 Total births *(exclude fetal deaths)* .....

146 Newborn days *(exclude neonatal days listed on page 9)* .....

V. SELECTED SERVICE UTILIZATION—Instructions and definitions

Lines 134-136 **Surgical operations.** Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room. Report all surgeries involving surgical procedure codes ICD-9-CM Code 01.01-86.99 and CPT-4 Code 10000-69999.

Line 134 **Inpatient surgical operations.** Report the number of operations performed on patients who remained in the hospital overnight.

Line 135 **Outpatient surgical operations.** Report the number of operations performed on patients who did not remain in the hospital overnight. Include all operations whether performed in inpatient operating rooms or in procedure rooms located in an outpatient facility. Include endoscopy only when used as an operative tool and not when used for diagnosis alone.

Line 136 **Total surgical operations.** [Line 134 + line 135].

Lines 137-140 **Outpatient visits.** Means a visit to an outpatient department and/or clinic on a given calendar day, regardless of the number of procedures or examinations performed or departments visited. A maximum of one outpatient visit per patient per calendar day should be reported. **Include all visits to outpatient clinics for which the hospital receives patient revenue.**

Line 137 **Emergency visits.** Report the total number of visits to the emergency unit. Emergency outpatients can be admitted to the inpatient areas of the hospital, but they are still counted as emergency visits and subsequently as inpatient admissions. Report the number of emergency visits that resulted in inpatient admissions. Report visits to general medical and surgical as well as psychiatric emergency departments.

Line 138 **Other visits.** Report the number of clinic visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, non-emergency basis (*i.e., psychiatry, alcoholism, dentistry, gynecology, etc.*). Visits to the satellite clinics and primary group practices should be included if revenue is received by the hospital. **Visits to Urgent Care clinics should be included if not already reported on line 137. Include visits/stays in psychiatric partial hospitalization programs.**

Referred visits should reflect total number of outpatient ancillary visits to each specialty unit of the hospital established for providing technical aid used in the diagnosis and treatment of patients. Examples of such units are diagnostic radiology, EKG, pharmacy, etc. Outpatient surgeries should also be reported on line 135.

Line 139 **Observation visits.** Services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, that are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Observation services usually do not exceed 24 hours. However, there is no hourly limit on the extent to which they may be used.

Line 140 **Total outpatient visits.** [Line 137 + line 138 + line 139].

Line 141 **Non-emergency inter-facility transports by ground ambulance.** Report the number of patients transported via ground ambulance (***must be equipped with life support AND owned and operated by the hospital***) to/from another health care facility or other location.

Line 142 **Non-emergency inter-facility transports by air ambulance.** Report the number of patients transported via air ambulance (***must be equipped with life support AND owned and operated by the hospital***) to/from another health care facility or other location.

Line 143 **Total non-emergency transports by ambulance.** [Line 141 + line 142].

Line 144 **Bassinets.** Report the number of normal newborn bassinets. DO NOT include neonatal intensive or intermediate care bassinets, as these should be reported on line 40, page 9 of the survey.

Line 145 **Births.** Report the total number of births, excluding fetal deaths.

Line 146 **Newborn days.** Report the number of inpatient days for normal newborn nursery. DO NOT include neonatal intensive care or intermediate care inpatient days as these should be reported on line 48, page 9 of the survey.

VI. TOTAL FACILITY UTILIZATION AND BEDS

DO NOT USE DASHES, N/A, N/AV, OR M.
IF INFORMATION FOR A CATEGORY IS ZERO, FILL IN 0.
IF INFORMATION FOR A CATEGORY IS NOT APPLICABLE, FILL IN 0.
DO NOT MAKE ALTERATIONS TO SURVEY QUESTIONS

UTILIZATION AND BEDS:

		ALL HOSPITALS FILL OUT COLUMN (1)	ONLY hospitals that answered YES to questions on lines 22 and 23 should fill out columns (2) and (3)		
		(1) Total Facility	(2) Hospital	(3) Nursing Home	
147	Admissions *(exclude newborns, include Medicare-certified swing admissions)*				
148	Inpatient days *(exclude newborns, include Medicare- certified swing days)*				Skilled nursing
					Intermediate care
					Residential/Elderly housing
149	Discharges/deaths *(exclude newborns, include Medicare-certified swing discharges)*				
150	Census [*The number of inpatients occupying beds at midnight on the last day* (**exclude weekends or holidays**) *of the fiscal year. Exclude newborns, include Medicare-certified swing patients.]*				

Beds set-up-and-staffed on the last day (***excluding weekends or holidays***) of the hospital's fiscal year quarter *(every 3 months)*.

151	1st Quarter				Skilled nursing
					Residential/Elderly housing
152	2nd Quarter				Skilled nursing
					Residential/Elderly housing
153	3rd Quarter				Skilled nursing
					Residential/Elderly housing
154	4th Quarter (Hospital beds must equal line 46, col.1)				Skilled nursing
					Residential/Elderly housing

MEDICARE / MEDICAID PRIMARY PAYER UTILIZATION
(Exclude newborns and deaths, include Medicare-certified swing bed utilization. Include T-18 and T-19 HMO utilization.)

* **155**	Total Medicare *(Title 18)* **inpatient discharges**			
***156**	Total Medicare inpatient **days**			
* **157**	Total Medicaid *(Title 19)* **Inpatient discharges**			
***158**	Total Medicaid inpatient **days**			

* **Note for lines 155, 156, 157 and 158: Because of transfers between the hospital and nursing home, column (1) may be less than the sum of columns (2) and (3)**

VI. TOTAL FACILITY UTILIZATION AND BEDS—Instructions and definitions

Column 1 All hospitals should fill out column (1), TOTAL FACILITY statistics.
A facility that answered "NO" to either line 22 or line 23 of page 5, should report the hospital data only in column (1). Do not report data in columns (2) or (3).

Exclude facility transfers in admissions and discharges reported for the TOTAL FACILITY in column (1).

Columns 2-3 Only a facility that answered **YES** to both of the questions on lines 22 and 23 of page 5, should report data for all three columns, giving breakdowns for the hospital in column (2) and the nursing home in column (3).

Include unit transfers in admissions (*line 147*) and discharges (*lines 149, 155, 157*) for columns (2) and (3), if applicable.

Refer to the definitions on page 6 for **skilled nursing care, intermediate care, and residential care/elderly housing**. Refer to the definition on page 10 for **Medicare-certified swing bed**.

UTILIZATION AND BEDS—*Exclude newborns; include Medicare-certified swing bed data from page 9.*

Line 147 **Admissions.** Report the number of adult and pediatric admissions only. This figure should include all patients admitted during the fiscal year. The sum of admissions for the units can be greater than the total reported for the entire facility because of unit transfers. **A patient that is to be transferred from another unit to a rehabilitation unit, must be discharged and readmitted to the rehabilitation unit. This is counted as two admissions.**

Line 148 **Inpatient days.** Inpatient days of care (*also commonly referred to as a patient day or a census day*) is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the patient was admitted the same day. Report the number of adult and pediatric days of care rendered during the entire fiscal year. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. For interward transfers between the hospital and nursing home, report inpatient days only for the time spent in each facility. Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, may obtain data from the Medicare Cost Report, if the data are identical.

The inpatient days figure on line 148 must equal the sum of TOTAL HOSPITAL FACILITY inpatient days for the fiscal year (*line 46 of page 9*), plus MEDICARE-CERTIFIED SWING BED inpatient days (*line 47 of page 9*).

Line 149 **Discharges/deaths.** Report the number of adult and pediatric discharges only. This figure should include deaths. The sum of the discharges for the units can be greater than the total reported for the entire facility because of unit transfers. Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, may obtain data from the Medicare Cost Report, if the data are identical. **A patient that is to be transferred from another unit to a rehabilitation unit, must be discharged and readmitted to the rehabilitation unit. This is counted as two discharges.**

Line 150 **Census.** Report the total number of inpatients occupying beds at midnight on the last day of the fiscal year. If the last day falls on a weekend or holiday, use the last weekday of the fiscal year.

Lines 151-154 **Beds set-up-and-staffed.** Report the number of beds regularly available (*those set-up-and-staffed for use*) on the last day of the hospital's fiscal year quarter (*every three months*). Report only operating beds, not constructed bed capacity. Include all bed facilities that are set-up-and-staffed for use by inpatients who have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Include neonatal and Medicare-certified swing beds. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example labor room, post-anesthesia, or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital. Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should report skilled nursing and residential/elderly housing beds set-up-and-staffed in column (3).
The beds on line 149 must equal those reported on line 46, page 9, for TOTAL HOSPITAL FACILITY beds.

MEDICARE / MEDICAID PRIMARY PAYER UTILIZATION—Refer to page 6 for definitions.
(*Exclude newborns and deaths, include Medicare-certified swing bed utilization. Include T-18 and T-19 HMO utilization.*)

Line 155 **Medicare discharges.** Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should only report skilled nursing care discharges in column (3).

Line 156 **Medicare inpatient days.** Hospitals with nursing homes, as defined by lines 22 and 23 of page 5 should only report skilled nursing care inpatient days in column (3).

Line 157 **Medicaid discharges.** Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should report the sum of skilled and intermediate nursing care discharges in column (3).

Line 158 **Medicaid inpatient days.** Hospitals with nursing homes, as defined by lines 22 and 23 of page 5, should report the sum of skilled and intermediate nursing care inpatient days in column (3).

VII. MEDICAL STAFF – September 30, 2001

159 Indicate which of the following physician arrangements the hospital, health care system, and/or network participate in:

	Hospital	Health Care System	Network
Independent practice association (IPA)	☐ # physicians: _____ HIPA	☐	☐
Group practice without walls	☐ # physicians: _____ HGP	☐	☐
Open Physician Hospital Organization (PHO)	☐ # physicians: _____ HOPHO	☐	☐
Closed Physician Hospital Organization (PHO)	☐ # physicians: _____ HCPHO	☐	☐
Management service organization (MSO)	☐ # physicians: _____ HMSO	☐	☐
Integrated salary model	☐ # physicians: _____ HISM	☐	☐
Equity model	☐ # physicians: _____ HEM	☐	☐
Foundation	☐ # physicians: _____ HFND	☐	☐

SELECTED SPECIALTY - *Refer to instructions on page 24*

If information for a category is zero, fill in 0.
If information for a category is Not Applicable, fill in 0. Do NOT use dashes, N/A, N/AV, or M.

Active/Associate Medical Staff *(See page 24 for valid specialties)*	(1) Medical Staff **as of Sept. 30, 2001** *(Includes Board Certified)*	(2) Board Certified Staff **As of Sept. 30, 2001** *[Not to exceed column (1)]*
MEDICAL SPECIALTIES		
160 General and family practice		
161 Internal medicine *(general)*		
162 Internal medicine *subspecialties*		
163 Pediatrics *(general)*		
164 Pediatric *subspecialties*		
SURGICAL SPECIALTIES		
165 General surgery		
166 Obstetrics/Gynecology		
167 All other surgical *specialties*		
OTHER		
168 Anesthesiology		
169 Emergency medicine		
170 Pathology		
171 Radiology		
172 All other specialties *(use valid specialties below)*		

Line 172- codes for valid specialties- circle all codes that apply:

01 Addiction Medicine	05 Dental	09 Podiatry
02 Aerospace Medicine	06 General Preventive Medicine	10 Psychiatry
03 Behavioral Medicine	07 Nuclear Medicine	11 Physical Med&Rehab (includes Physiatry)
04 Chiropractic Services	08 Occupational Medicine	12 Public health

173 **TOTAL** Medical Staff	(add lines 160-172)	(add lines 160-172)

VII. MEDICAL STAFF—Instructions and definitions

Line 159 Check the appropriate boxes to indicate which physician arrangements the hospital, health care system, and/or network participates in. For hospital arrangements, also indicate the number of physicians.

Health care system. Refers to the system defined on page 4, for line 2.

Network. Refers to the network defined on page 4, for line 7.

Independent practice association (IPA). An IPA is a legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-service or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.

Group practice without walls. Hospital sponsors the formation of, or provides capital to physicians to establish a "quasi" group to share administrative expenses while remaining independent practitioners.

Open physician-hospital organization (PHO). A joint venture between the hospital and all members of the medical staff who wish to participate. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

Closed physician-hospital organization (PHO). A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.

Management services organization (MSO). A corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The MSO purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all non-physician staff and provides all supplies/administrative systems for a fee.

Integrated salary model. Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary care and specialty care.

Equity model. Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.

Foundation. A corporation, organized either as a hospital affiliate or subsidiary, which purchases both the tangible and intangible assets of one or more medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation.

Lines 160-172 Indicate the number of practitioners on the active and associate medical staff in each of the specialty groups as of **September 30, 2001**. **DO NOT REPORT FULL-TIME EQUIVALENTS OR PORTIONS.** If the exact numbers are unavailable, estimate. If estimates are not available for specialty categories, fill in the totals.

Active and Associate. JCAHO categories of medical staff. Exclude those physicians in the following medical staff categories: courtesy, consulting, honorary, provisional, or other. Include all active and associate staff who are board certified.

Board Certified. Physician who has passed an examination given by a medical specialty board and has been certified by that board as a specialist. Do not include board eligible physicians. For physicians certified by more than one board, include only the primary certification board. For each line, the number of board certified staff reported in column (2) must not exceed the respective number of medical staff reported in column (1).

SELECTED SPECIALTIES

Line 161 **Internal medicine subspecialties.** Includes allergy, cardiology, dermatology, endocrinology, gastroenterology, hematology, immediate care, infectious disease, nephrology, neurology, oncology, pulmonary diseases, otorhinolaryngology, and rheumotology.

Line 164 **Pediatric subspecialties.** Includes neonatology, pediatric allergy, and pediatric cardiology.

Line 167 **All other surgical specialties.** Includes cardiac surgery, cardiovascular/thoracic, colon and rectal surgery, head and neck surgery, neurological surgery, opthalmology, oral surgery, orthopedic surgery, otolaryngology, pediatric surgery, plastic surgery, surgical oncology, traumatic surgery, and urology.

Line 170 **Pathology.** Includes anatomical, clinical, and forensic pathology.

Line 171 **Radiology.** Includes diagnostic radiology and radiation oncology.

Line 172 **All other specialties.** Provide numbers of medical staff for **All other specialties** in column (1) and numbers of **All other specialties**-Board Certified Staff in column (2). Circle codes for specialties included in either column.

Line 173 **Total Medical Staff**. Add lines 160-172.

VIII. PERSONNEL ON HOSPITAL PAYROLL – September 30, 2001 - DATA FOR ONE WEEK ONLY.

Report the number of full-time and part-time personnel, **including trainees**, in the categories specified below. Report part-time hours for each category. All data must be for **the week of September 30, 2001 regardless of the hospitals' fiscal year end date.** Treat shared hospital/nursing home staff as part-time and report only hospital hours. Do not include contracted staff or nursing home personnel.

DO NOT USE DASHES, N/A, N/AV, OR M.
PLEASE ROUND TO NEAREST WHOLE NUMBER. DO NOT USE DECIMALS.

	Occupational Categories	FULL TIME Total No. of Persons *(35 Hr/Wk or more)*	PART TIME Total No. of Persons *(less than 35 Hr/Wk)*	PART TIME Total No. of P-T hours *(week of Sept 30, 2001)*
174	Administrators and assistant administrators			
	PHYSICIAN AND DENTAL SERVICES			
175	Physicians/Dentists			
176	Medical and dental residents/interns			
	NURSING SERVICES			
177	Registered nurses			
178	Certified nurse midwives			
179	Licensed practical *(vocational)* nurses			
180	Ancillary nursing personnel			
181	Physician assistants			
182	Nurse practitioners			
183	Medical record administrators and technicians			
184	Pharmacy personnel			
185	Clinical laboratory personnel			
186	Radiological services personnel			
	THERAPEUTIC SERVICES			
187	Occupational therapists			
188	Occupational therapy assistants / aides			
189	Physical therapists			
190	Physical therapy assistants / aides			
191	Recreational therapists			
	PSYCHOLOGY/ SOCIAL WORK SERVICES			
192	Psychologists			
193	Social Workers			
	OTHER PERSONNEL			
194	All other health professional/technical personnel			
195	All other personnel			
196	**TOTAL** hospital personnel	(add lines 174-195)	(add lines 174-195)	(add lines 174-195)

197 **WORKWEEK**
Indicate the **average** WORKWEEK (number of hours per week) of the full-time employees engaged in direct patient care (40, 38, 35, etc.) Do not use decimals. [ ] (Average **full-time** hours per week)

VIII. PERSONNEL ON HOSPITAL PAYROLL – Instructions and definitions (page 25)

Hospital Data Only. Week of September 30, 2001. **Do not** report full-time equivalents or portions.

Full-time personnel are those whose regularly scheduled workweek is 35 hours or more.

Part-time personnel are those whose regularly scheduled workweek is less than 35 hours. Include paid leave time in part-time hours. Include pool and casual type personnel.

Exclude private duty nurses, volunteers, nursing home personnel, and all personnel whose salary is financed entirely by outside research grants.

Include trainees if on the hospital payroll as of **September 30, 2001**. Include members of religious orders for whom dollar equivalents were reported.

Personnel working in more than one area should be included only in the category of their primary responsibility and should be counted only once. Personnel shared with the nursing home should be reported as part-time employees, report only hospital hours.

OCCUPATIONAL CATEGORIES (Lines 174-197)

Line 174- **Administrators and assistant administrators.** The top-level position in the facility. The person in charge of policy development, activity coordination, procedural development, and planning for the institution. Also includes persons who work under the supervision of the facility administrator as department administration assistants, vice presidents, department directors, etc., for the areas of finance, organization, personnel, purchasing, accounting, nursing, dietary, maintenance, and voluntary services *(persons who "primarily" function in the administrative area)*.

Line 175-176- **Physicians/Dentists.** Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported under "*Administrators*," line 174. Exclude physicians and dentists who are paid on a fee basis.

Line 177- **Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently state registered. Those who hold administrative positions should be reported under "*Administrators*," line 174.

Line 178- **Certified nurse midwives.** A registered nurse who, by added knowledge and skill gained through an organized program of study and clinical experience recognized by the American College of Nurse Midwives, has extended the lawful limits of practice into management and care of mothers and babies throughout maternity cycle.

Line 179- **Licensed practical *(vocational)* nurses.** Nurses who have graduated from an approved school of practical *(vocational)* nursing who work under the supervision of registered nurses and/or physicians.

Line 180- **Ancillary nursing personnel.** Persons who assist the nursing staff by performing routine duties in caring for patients under the direct supervision of a nurse, including nurses' aides, orderlies, attendants, operating room technicians, etc.

Line 181- **Physician assistants.** Persons who provide health care services customarily performed by a physician under responsible supervision of that qualified licensed physician and who have successfully completed an accredited education program for physicians' assistants approved by the Committee on Allied Health Education and Accreditation or who have been certified, licensed, or registered by recognized accrediting agencies or commissions.

Line182- **Nurse Practitioners (NP).** Person who is a registered nurse with a graduate degree in nursing and clinical experience, who is prepared for advanced practice with individuals throughout the life span and across the health continuum.

Line183- **Medical record administrators and technicians.** Administrators are persons who plan, design, develop, and manage systems of patient information, administrative and clinical statistical data, and patient medical records. *(Alternate title is medical record librarian.)* Medical record technicians are persons who assist the medical record administrator and perform the technical tasks associated with the maintenance and use of medical records.

Line 184- **Pharmacy personnel.** Include licensed pharmacists and pharmacy technicians. Pharmacists are persons licensed within the state who are concerned with the preparation and distribution of medicinal products. Pharmacy technicians are persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling of purchase records, and inventory control.

Line 185- **Clinical laboratory personnel.** Include all laboratory personnel performing specified tasks requiring special training or experience. This includes biochemistry technologist, blood technologist, microbiology technologist, medical laboratory scientists, cytotechnologists, histologic technicians, medical laboratory technicians, and certified laboratory assistants.

Line 186- **Radiological services personnel.** Include radiographer *(radiologic technologists)*, radiation therapy technologists, nuclear medicine technologists, ultrasound technologists/technicians, radiation monitors, health physics technicians, therapy technicians, nuclear medicine technicians, and all other radiologic personnel.

Line 187- **Occupational therapists.** Persons who evaluate the self-care, work, leisure time, and task performance skills of well and disabled clients of all age ranges. They plan and implement programs and social and interpersonal activities designed to restore, develop, and/or maintain the client's ability to satisfactorily accomplish those daily living tasks required of his/her specific age and necessary to his/her occupational role adjustment.

Line 188- **Occupational therapy assistants/aides.** Persons who work under the supervision of an occupational therapist in evaluating patients and planning and implementing programs and who are prepared to function independently when working with patients.

Line 189- **Physical therapists.** Therapists who use physical agents, biochemical and neurophysiological principles, and assistive devices in relieving pain, restoring maximum function, and preventing disability following disease, injury, and loss of bodily part.

Line 190- **Physical therapy assistants/aides.** Persons who assist the physical therapist by assembling equipment, carrying out specified treatment programs, and helping with complex treatment procedures. Other duties include responsibility for the personal care of patients, safety precautions, and routine clerical and maintenance work.

Line 191- **Recreational therapists.** Persons who plan, organize, and direct medically approved recreation programs, such as sports, trips, dramatics, and arts and crafts, either to help patients in recovery from illness or in coping with temporary or permanent disability. In pediatric settings, they may be classified as child life workers.

Line 192- **Psychologists.** Persons with a doctoral degree in psychology from an American Psychological Association approved program in clinical psychology, or a masters level psychologist who has obtained recognition of competency through the American Board of Examiners for professional psychology, state certification, or licensing, or through endorsement by his or her state psychological association.

Line 193- **Social workers.** Persons who have completed a formal program of study providing preparation to identify and understand the social and emotional factors underlying a patient's illness and to communicate these factors to the health team. They assist patients and their families in understanding and accepting the treatment necessary to maximize medical benefits and in their adjustments to permanent and temporary effects of illness. They utilize resources, such as family and community agencies, in assisting patients to recovery.

Line 194- **All other health professional and technical personnel.** Persons not previously included who work in occupations requiring special education and training to allow them to function in a health setting.

Line 195- **All other personnel.** Persons not previously counted. These include kitchen, laundry, housekeeping and maintenance personnel, as well as secretaries, file clerks, and so forth.

Line 197- **WORKWEEK** Average hours of full-time persons engaged in direct patient care. Use whole numbers; **do not** use decimals.

IX. OTHER Lines 198-205

Check the appropriate box to indicate the answer to each question.

198 Does your hospital's mission statement include a focus on community benefit? ☐ Yes ☐ No

199 Does your hospital have a long-term plan for improving the health status of its community? ☐ Yes ☐ No

200 Does your hospital have resources for its community benefit activities? ☐ Yes ☐ No

201 Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community? ☐ Yes ☐ No

202 Does your hospital use health status indicators *(such as rates of health problems or surveys of self-reported health)* for defined populations to design new services or modify existing services? ☐ Yes ☐ No

203 Does your hospital work with other local providers, public agencies, or community representatives to conduct/develop a written health status assessment of the needed capacity for health services in the community? ☐ Yes ☐ No

IF YES, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community? ☐ Yes ☐ No

204 Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations? ☐ Yes ☐ No

205 Does your hospital either by itself or in conjunction with others disseminate reports to the community on the comparative quality and costs of health care services? ☐ Yes ☐ No

X. PATIENT QUALITY/SAFETY QUESTIONS Lines 206-212

Check the appropriate box to indicate the answer to each question.

206 Identify which of the following your facility uses.

- ☐ Institute for Safe Medication Practices (ISMP)
- ☐ MetaStar Sixth Scope
- ☐ Maryland Quality Indicators
- ☐ Other, specify_____

207 Has your organization integrated quality evaluation projects involving

National Council on Quality Assurance (NCQA)? ☐ Yes ☐ No

Joint Commission on Accreditation of Healthcare Organizations? ☐ Yes ☐ No

208 Does your facility provide 24-hour pharmacy services? ☐ Yes ☐ No

209 If Yes, specify the method of coverage.

- ☐ On-site pharmacist, 24/7
- ☐ Telephone access (on-call staff)
- ☐ Contractual arrangement with a community pharmacy
- ☐ Other, specify_____

210 Prior to dispensing medication, does your pharmacy enter all medication orders into a pharmacy- based computerized processing system when the order is received in the pharmacy? ☐ Yes ☐ No

211 Has your facility conducted an evaluation of the feasibility of adopting a Computerized Prescriber Order Entry (CPOE) system? ☐ Yes ☐ No

If Yes, what conclusion did you reach?

- ☐ Proceed with the acquisition by January 1, 2004.
- ☐ Decided CPOE is not necessary.
- ☐ Awaiting HIPPA compliance clarification.
- ☐ Chose not to purchase due to:
  - ☐ Cost
  - ☐ Lack of acceptable product
  - ☐ Both cost and lack of acceptable product
    - ☐ Other, specify_____

212 Has your hospital implemented a plan, during the last 12-18 months, to eliminate the use of abbreviations and symbols when ordering medication? ☐ Yes ☐ No

IX. OTHER – Instructions and definitions

Lines 198-205 Check the appropriate box to indicate the answer to each question.

X. Patient Quality/Safety Questions

Lines 206-212 Check the appropriate box to indicate the answer to each question.

XI. SUPPLEMENTAL INFORMATION

Use this space or an additional sheet if more space is needed to elaborate on any of the information supplied on the survey. Refer to each response by page, section, and line number.

FISCAL YEAR 2001 HOSPITAL FISCAL SURVEY

Completion of this form is required. Failure to complete and return this form to the **Bureau of Health Information** within 120 calendar days following the close of your hospital's fiscal year may result in a $100 per day fine.

GENERAL INSTRUCTIONS - Read before completing form.

NOTE Refer to the detailed instructions contained in the ***Hospital Fiscal Survey Manual Fiscal Year 2001.***

Fill in all lines If information for a category is zero, fill in 0. If information for a category is Not Applicable, fill in 0. Do NOT use dashes. Do NOT use N/A. Do NOT use N/AV. Do not leave any lines blank.

Round all amounts to the nearest dollar.

Complete and return the form to BHI at the address below within 120 days following the close of your hospital's fiscal year *[ss. HFS 120.22 (4) and 120.25 (2), Wis. Adm. Code, and ss. 153.05 (5) (b) and (bm) and 153.20, Wis. Stat.]*. This date can also be found in the "Submittal Deadline" paragraph, page 5, in the manual.

Bureau of Health Information
P.O. Box 309
Madison, WI 53701-0309

If your hospital is jointly operated in connection with a nursing home, home health agency, or other organization, and is governed by a common Board of Directors, the hospital shall only submit the required information from the final audited financial statements of the **hospital** except where such information cannot be disaggregated *[s. HFS 120.22 (3) (a), Wis. Adm. Code]*. **(See special instructions for combination facilities in the accompanying manual).** All hospital services must be reported if they are included as hospital revenue and contained in net revenue from service to patients. Refer to page 2 - line 1.

I. HOSPITAL INFORMATION

T ype or print in black ink.

Hospital Administrator / CEO Hospital name and Address
Contact Person (Name and Title) Telephone # ( ) - Ext. # Fax Number ( ) - E Mail Address
Organization and Address (if different from mailing label above)
FY 2001 Beginning Date FY 2001 Ending Date

II. GENERAL INFORMATION

(Refer to the instructions and definitions in BHI's ***Hospital Fiscal Survey Manual Fiscal Year 2001***)

Is your facility a combination facility (see definition on page 17 in the manual)? (enter Y or N) _____
If "yes" refer to instructions on page 16 in the manual

Statement of Revenue and Expenses

1	**NET** REVENUE FROM SERVICE TO PATIENTS		$
	Other revenue		
2	Tax appropriations	$	
3	All other operating revenue (including operating gains)	$	
4	TOTAL Other Revenue (add only lines 2 and 3; do not add line 1 into line 4)		$
5	**TOTAL** REVENUE (add lines 1 and 4)		$
6	Payroll Expenses Physicians and dentists	$	
7	Medical and dental residents and interns	$	
8	Trainees	$	
9	Registered nurses and licensed practical nurses	$	
10	All other personnel	$	
11	TOTAL Payroll Expenses (add lines 6 through 10)		$
12	Nonpayroll Expenses Employee benefits (Social Security, group insurance, retirement benefits, etc.	$	
13	Professional fees (medical, dental, legal, auditing, consultant, etc.)	$	
14	Contracted nursing services (include staff from nursing registries and temporary help agencies	$	
15	Depreciation expense (for reporting period only)	$	
16	Interest expense	$	
17	Bad debt expense (must equal line 115)	$	
18	Medical malpractice insurance premiums	$	
19	Amortization of financing expenses	$	
20	Rents and leases	$	
21	Capital component of insurance premium	$	
22	All other operating expenses (include supplies, purchased services, utilities, property taxes, etc. and operating losses)	$	
23	TOTAL Nonpayroll Expenses (add lines 12 through 22)		$
24	**TOTAL** EXPENSES (add lines 11 and 23)		$
25	Excess (or deficit) of revenue over expenses (subtract line 24 from line 5, see manual)		$
	Nonoperating Gains / Losses		
26	Investment Income	$	
27	Other nonoperating gains (including extraordinary gains)	$	
28	Provision for income taxes (for-profit organizations) (absolute values only – no negative values)	$	
29	Other nonoperating losses (including extraordinary losses) (absolute values only – no negative values)	$	
30	TOTAL Nonoperating Gains / Losses (subtract sum of lines 28 and 29 from sum of lines 26 and 27)		$
31	**NET** INCOME (revenue and gains in excess of expenses and losses). (Add lines 25 and 30)		$

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HCF 0401 (Rev. 05/01)

III. DETAIL OF PATIENT SERVICE REVENUE
(based on full established rates)

Gross Patient Service Revenue and Its Sources

32 Gross revenue from room, board, and medical and nursing services to INPATIENTS ..... $ _____

33 Gross INPATIENT ancillary revenue ..... $ _____

(sum must equal sum of inpatient breakouts lines 36-49)

34 Gross revenue from service to OUTPATIENTS ..... $ _____
(must equal sum of outpatient breakouts lines 36-49)

35 **TOTAL GROSS** revenue from service to patients ..... $ _____
(add lines 32-34)

NOTE The following sources of gross patient revenue are by **TOTAL** dollar amounts and by separate **INPATIENT** and **OUTPATIENT** breakouts.

	Public Sources	**TOTAL**	**INPATIENT**	**OUTPATIENT**
36	Medicare	$ _____	$ _____	_____
37	HMOs reimbursed by Medicare under 42 CFR pt. 417	$ _____	$ _____	$ _____
38	Medical Assistance (Including BadgerCare)	$ _____	$ _____	$ _____
39	HMOs reimbursed by Medical Assistance under s. 49.45 (3) (b), Wis. Stat.	$ _____	$ _____	$ _____
40	County General Relief	$ _____		
41	County 51.42 / 51.437 programs	$ _____	$ _____ (add lines 40-42 for Inpatient)	$ _____ (add lines 40-42 for Outpatient)
42	All other public programs	$ _____		
	Commercial Sources			
43	Group and individual accident and health insurance, self-funded plans	$ _____		
44	Worker's compensation	$ _____		
45	HMOs and all other alternative health care payment systems (exclude lines 37 and 39)	$ _____	$ _____ (add lines 43-45 for Inpatient)	$ _____ (add lines 43-45 for Outpatient)
46	Self-pay	$ _____		
	All other sources (specify below)			
47	_____	$ _____	$ _____ (add lines 46-49 for Inpatient)	$ _____ (add lines 46-49 for Outpatient)
48	_____	$ _____		
49	_____	$ _____		

50 **TOTAL GROSS** revenue from service to patients, by source ..... $ _____
(add lines 36-49) [should equal dollar value on line 35]

Deductions from Patient Service revenue and Its Sources

NOTE Contractual Adjustments are by **TOTAL** dollar amounts and by separate **INPATIENT** and **OUTPATIENT** breakouts.

	Public Source Contractual Adjustments	**TOTAL**	**INPATIENT**	**OUTPATIENT**
51	Medicare	$	$	$
52	HMOs reimbursed by Medicare under 42 CFR pt. 417	$	$	$
53	Medical Assistance	$	$	$
54	HMOs reimbursed by Medical Assistance under s. 49.45 (3) (b), Wis Stat.	$	$	$
55	County General Relief	$		
56	County 51.42 / 51.437 programs	$	$ (add lines 55-57 for Inpatient)	$ (add lines 55-57 for Outpatient)
57	All other public programs	$		
	Commercial Source Contractual Adjustments			
58	Group and individual accident and health insurance, self-funded plans	$		
59	Worker's compensation	$	$ (add lines 58-60 for Inpatient)	$ (add lines 58-60 for Outpatient)
60	HMOs and all other alternative health care payment systems (exclude lines 52 and 54)	$		
	Other Source Contractual Adjustments All other sources (specify below)			
61	_____	$		
62	_____	$	$ (add lines 61-63 for Inpatient)	$ (add lines 61-63 for Outpatient)
63	_____	$		

64	Charity care (revenue foregone at full established rates) (must equal line 114)	$
65	All other noncontractual deductions	$
66	**TOTAL** DEDUCTIONS FROM REVENUE (add lines 51-65) (Total, not breakouts)	$

Medicare Approved Medical Education Activities

NOTE: Of TOTAL expenses in line 24, the reimbursable expenses for Medicare approved medical education activities separated into the following categories

67	Direct medical education expenses	$
68	Indirect medical education expenses	$
69	**TOTAL** reimbursable expenses for Medicare approved medical education activities (add lines 67 and 68)	$

III. BALANCE SHEET – GENERAL FUNDS

NOTE: For combination facilities, state-operated mental health institutes, or county-operated psychiatric or alcohol or other drug abuse hospitals, see special instructions in the manual – pages 16 and 17.

Unrestricted Assets (recorded on the balance sheet at the end of each reporting period)

Current Assets

70	Cash and cash equivalents	$	
71	Inter-corporate account(s)	$	
72	Net patient accounts receivable	$	
73	Other accounts receivable	$	
74	Other current assets	$	
75	**TOTAL** current assets (add lines 70 through 74)		$
76	Noncurrent assets whose use is limited		$

Property, Plant and Equipment

Gross Plant Assets

77	Land	$	
78	Land improvements	$	
79	Buildings and building improvements	$	
80	Construction in progress	$	
81	Fixed equipment	$	
82	Moveable equipment	$	
83	**TOTAL** gross plant assets (add lines 77 through 82)		$

LESS Accumulated Depreciation (absolute values only – no negative values)

84	Land improvements	$	
85	Buildings and building improvements	$	
86	Fixed equipment	$	
87	Moveable equipment	$	
88	**TOTAL** accumulated depreciation (add lines 84 through 87)		$
89	**NET** property, plant, and equipment assets (subtract line 88 from line 83)		$
90	Long-term investments		$
91	Other unrestricted assets		$
92	**TOTAL** unrestricted assets (add lines 75, 76, 89, 90 and 91)		$

Unrestricted Liabilities, Deferred Revenues, and Fund Balances

93	Current liabilities	$	
94	Inter-corporate account(s)	$	
95	Long-term debt	$	
96	Other noncurrent liabilities and deferred revenues	$	
97	Unrestricted fund balances	$	
98	TOTAL unrestricted liabilities, deferred revenues, and fund balances (add lines 93 through 97) (**NOTE** lines 92 and 98 should be equal) (Combination facilities see manual instructions)		$

Restricted Hospital Funds (report fund balances only)

99	Specific purpose funds	$
100	Plant replacement and expansion funds	$
101	Endowment funds	$

V. HOSPITAL INPATIENT UTILIZATION BY PAY SOURCE (for fiscal reporting period FY 2001)

PAY SOURCE		(A1) NUMBER OF INPATIENT DISCHARGES*	(A2) NUMBER OF DISCHARGE DAYS*	(B1) NUMBER OF NEWBORNS**	(B2) NUMBER OF NEWBORN DISCHARGE DAYS**
102	Medicare (T-18) Including HMOs reimbursed by T-18				
103	Medical Assistance (T-19) Including HMOs reimbursed by T-19				
104	All other pay sources				
105	**TOTALS**				

* This figure should include all inpatients discharged during the reporting period. Report the number of adult, pediatric, and intensive and intermediate care neonatal patients (including deaths). Exclude newborn, Medicare-certified swing bed, and hospital unit transfer patients.

** Exclude fetal deaths.

PAY SOURCE		(C1) NUMBER OF DISCHARGES FROM MEDICARE-CERTIFIED SWING-BEDS***	(C2) NUMBER OF DISCHARGE DAYS FROM MEDICARE-CERTIFIED SWING BEDS***
106	Medicare (T-18) Including HMOs reimbursed by T-18		
107	Medical Assistance (T-19) Including HMOs reimbursed by T-19		
108	All Other Pay Sources		
109	**TOTALS**		

*** Include both skilled and intermediate Medicare-certified swing beds.

IV. SUMMARY AND EXPLANATION OF TOTAL REVENUE DOLLAR DIFFERENCES BETWEEN FY 2000 AND FY 2001

		GROSS REVENUE	NET REVENUE
110	Fiscal Year 2001 [line 35 (gross) and line 1 (net)]	$	$
111	Fiscal Year 2000 [FY 2000 Fiscal Survey form line 35 (gross) and line 1 (net)]	$	$
112	Increase / Decrease 2001 v. 2000 (subtract line 111 from line 110) [indicate + or -]	$	$

113 **Explain** in a short narrative the relative importance of various causes for the dollar differences (lines 110 and 111) in the fiscal year revenue figures (price change, utilization change, other causes?). Attach additional page(s) if necessary.

VII. UNCOMPENSATED HEALTH CARE

	Charges for Uncompensated Health Care	FY 2001	FY 2002 (Projected)
114	Charges for charity care provided for the fiscal year	$ (from line 64)	$
115	Charges determined to be a bad debt expense for the fiscal year	$ (from line 17)	$
116	**TOTAL** charges for uncompensated health care for the fiscal year	$ (add lines 114 and 115)	$ (add lines 114 and 115)

Number of "Patients" Receiving Uncompensated Health Care
(See manual for definitions – the number of "patients" should be reported as the number of individual patient visit ledgers.)

		FY 2001	FY 2002 (Projected)
117	Number of individual patient visit ledgers that received charity care for the fiscal year		
118	Number of individual patient visit ledgers whose charges were determined to be bad debt for the fiscal year		

119 Provide a **rationale** for the hospital's fiscal year 2002 projections in the space below. Explain how the projections used "patients" and total charges for fiscal year 2001, if at all. It could also include a description of the socioeconomic climate of your hospital's market and how that affects your hospital's Uncompensated Health Care Plan. Attach additional page(s) if necessary.

Hill-Burton Uncompensated Health Care Information

120 Does the hospital have current obligations under this program?
Enter Y, N, or C (for conditional) .....

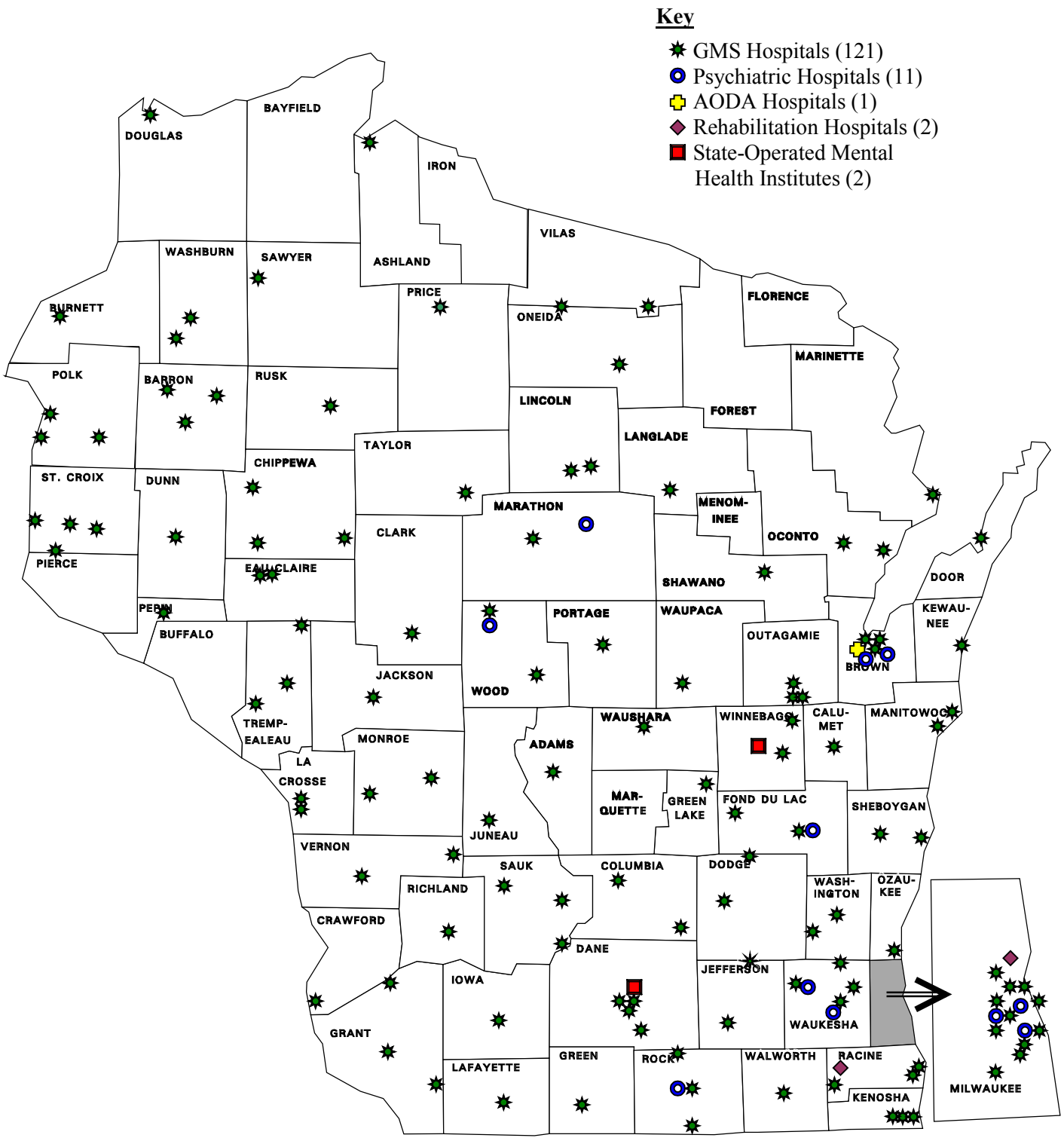
121 If YES, enter date(s) the obligation(s) went into effect and the date(s) the obligation(s) will be satisfied.

Effective beginning date(s)	Projected satisfaction date(s)
Month / Year	Month / Year
Month / Year	Month / Year
Month / Year	Month / Year

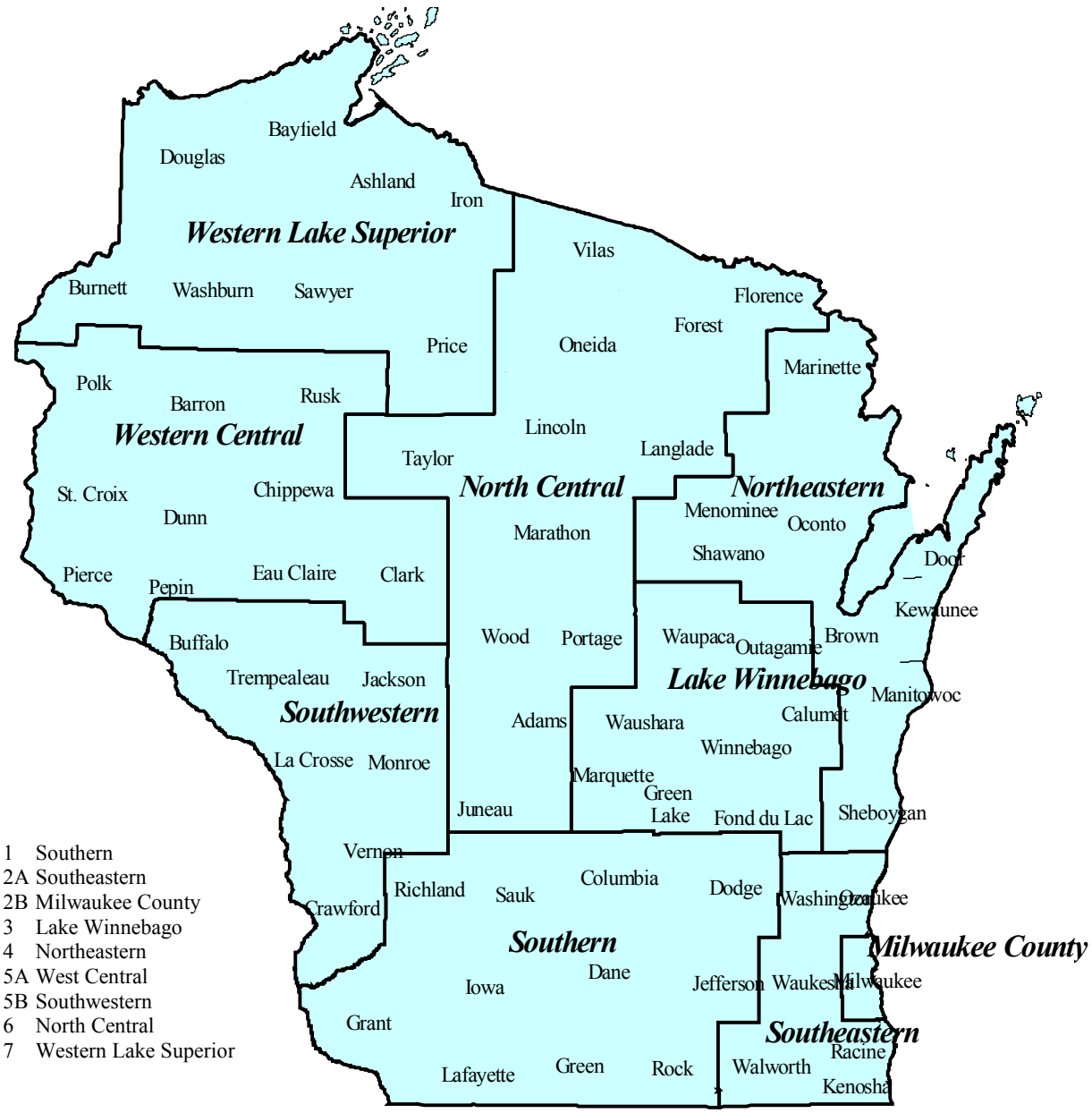
122 If YES, enter the amount of total federal assistance believed to remain under obligation.

APPENDIX 4: SELECTED WISCONSIN MAPS

Location of Wisconsin Hospitals
Fiscal Year 2001



Bureau of Health Information Analysis Areas



1 Southern
2A Southeastern
2B Milwaukee County
3 Lake Winnebago
4 Northeastern
5A West Central
5B Southwestern
6 North Central
7 Western Lake Superior

Wisconsin Division of Health Care Financing
Bureau of Health Information

FY 2001 Wisconsin Hospital Index

Name	City	Type	County	Analysis Area	Volume Group	Total Revenue	Net Income
Adams County Memorial Hospital	Friendship	GMS CAH	Adams	6	2	$9,321,619	-$70,437
Agnesian HealthCare, Inc.	Fond du Lac	GMS	Fond du Lac	3	7	$118,518,619	$6,871,803
All Saints - St. Luke's Hospital, Inc.	Racine	GMS	Racine	2A	5	$50,833,510	-$42,780
All Saints - St. Mary's Medical Center, Inc.	Racine	GMS	Racine	2A	7	$147,092,345	$21,686,809
Amery Regional Medical Center	Amery	GMS CAH	Polk	5A	3	$18,448,923	$550,222
Appleton Medical Center	Appleton	GMS	Outagamie	3	6	$119,925,149	$16,073,871
Aurora Medical Center	Hartford	GMS	Washington	2A	4	$34,077,734	$4,922,366
Aurora Medical Center - Kenosha	Kenosha	GMS	Kenosha	2A	5	$60,600,089	$12,451,228
Aurora Medical Center of Manitowoc County, Inc.	Two Rivers	GMS	Manitowoc	4	4	$31,516,808	-$1,144,853
Aurora Psychiatric Hospital	Wauwatosa	Psych	Milwaukee	2B	8	$20,927,213	-$1,174,976
Aurora Sinai Medical Center	Milwaukee	GMS	Milwaukee	2B	7	$200,882,687	-$17,323,317
Baldwin Area Medical Center, Inc.	Baldwin	GMS	St. Croix	5A	3	$17,211,493	$990,004
Barron Medical Center, Mayo Health System	Barron	GMS CAH	Barron	5A	2	$9,981,571	$522,174
Bay Area Medical Center	Marinette	GMS	Marinette	4	5	$62,181,739	$1,064,830
Beaver Dam Community Hospitals, Inc.	Beaver Dam	GMS	Dodge	1	4	$37,389,041	$1,600,112
Bellin Memorial Hospital	Green Bay	GMS	Brown	4	7	$176,295,517	$4,558,601
Bellin Psychiatric Center	Green Bay	Psych	Brown	4	8	$10,646,930	$478,024
Beloit Memorial Hospital, Inc.	Beloit	GMS	Rock	1	5	$68,001,808	$2,472,239
Berlin Memorial Hospital	Berlin	GMS	Green Lake	3	4	$37,680,822	$1,288,613
Black River Memorial Hospital	Black River Falls	GMS	Jackson	5B	3	$12,468,537	$948,410
Bloomer Medical Center, Mayo Health System, Inc.	Bloomer	GMS CAH	Chippewa	5A	1	$5,288,926	$427,455
Boscobel Area Health Care	Boscobel	GMS	Grant	1	2	$11,814,267	$2,110
Brown County Mental Health Center	Green Bay	Psych	Brown	4	8	$7,338,194	$0
Burnett Medical Center, Inc.	Grantsburg	GMS	Burnett	7	2	$7,622,949	$1,132,868
Calumet Medical Center, Inc.	Chilton	GMS CAH	Calumet	3	2	$11,767,020	$589,228
Children's Hospital of Wisconsin	Milwaukee	GMS	Milwaukee	2B	6	$250,584,118	$31,953,797
Children's Hospital of Wisconsin, Inc. - Kenosha	Kenosha	GMS	Kenosha	2A	1	$3,060,870	-$119,066
Chippewa Valley Hospital	Durand	GMS CAH	Pepin	5A	1	$7,689,574	$258,692
Columbia Hospital, Inc.	Milwaukee	GMS	Milwaukee	2B	7	$160,576,716	$13,681,497
Columbus Community Hospital, Inc.	Columbus	GMS	Columbia	1	3	$14,937,759	$177,642
Community Memorial Hospital	Menomonee Falls	GMS	Waukesha	2A	5	$87,707,251	$13,767,114

Source: *FY 2001 Hospital Fiscal Survey* , Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services

FY 2001 Wisconsin Hospital Index

Name	City	Type	County	Analysis Area	Volume Group	Total Revenue	Net Income
Community Memorial Hospital	Oconto Falls	GMS CAH	Oconto	4	2	$12,335,402	$1,921,393
Cumberland Memorial Hospital and ECU	Cumberland	GMS	Barron	5A	3	$10,147,626	$752,291
Divine Savior Healthcare	Portage	GMS	Columbia	1	4	$30,651,801	$1,972,833
Door County Memorial Hospital	Sturgeon Bay	GMS	Door	4	4	$31,552,103	$2,465,250
Eagle River Memorial Hospital, Inc.	Eagle River	GMS CAH	Vilas	6	2	$8,067,019	$139,563
Elmbrook Memorial Hospital	Brookfield	GMS	Waukesha	2A	6	$74,828,317	$12,599,382
Flambeau Hospital, Inc.	Park Falls	GMS	Price	7	3	$12,822,915	$130,217
Fond du Lac Co Dept of Community Prog Acute Psych Unit	Fond du Lac	Psych	Fond du Lac	3	8	$3,271,725	$0
Fort Atkinson Memorial Health Services	Fort Atkinson	GMS	Jefferson	1	5	$50,119,974	$2,244,535
Franciscan Skemp Healthcare-Arcadia	Arcadia	GMS CAH	Trempealeau	5B	1	$3,495,335	$52,956
Franciscan Skemp Healthcare-La Crosse	La Crosse	GMS	La Crosse	5B	5	$80,164,047	$1,947,529
Franciscan Skemp Healthcare-Sparta	Sparta	GMS CAH	Monroe	5B	2	$7,431,184	$242,723
Froedtert Memorial Lutheran Hospital	Milwaukee	GMS	Milwaukee	2B	7	$404,529,757	$37,479,000
Good Samaritan Health Center	Merrill	GMS	Lincoln	6	3	$16,383,833	$1,006,438
Grant Regional Health Center, Inc.	Lancaster	GMS	Grant	1	2	$10,990,187	$744,921
Gundersen Lutheran Medical Center, Inc.	La Crosse	GMS	La Crosse	5B	7	$214,002,477	$22,056,179
Hayward Area Memorial Hospital	Hayward	GMS	Sawyer	7	2	$13,302,830	$781,548
Hess Memorial Hospital	Mauston	GMS	Juneau	6	4	$28,507,001	$1,555,186
Holy Family Hospital	New Richmond	GMS	St. Croix	5A	2	$12,983,470	$282,443
Holy Family Memorial Medical Center	Manitowoc	GMS	Manitowoc	4	6	$87,684,634	$2,717,878
Howard Young Medical Center, Inc.	Woodruff	GMS	Oneida	6	5	$47,122,151	-$56,464
Hudson Hospital	Hudson	GMS	St. Croix	5A	3	$15,926,772	$2,155,707
Indianhead Medical Ctr. Shell Lake, Inc.	Shell Lake	GMS	Washburn	7	1	$4,890,448	$52,221
Kenosha Hospital and Medical Center	Kenosha	GMS	Kenosha	2A	7	$128,501,998	$6,649,412
Kindred Hospital-Milwaukee	Greenfield	GMS	Milwaukee	2B	1	$15,145,026	$2,549,017
Lakeland Medical Center	Elkhorn	GMS	Walworth	2A	5	$54,900,227	$10,515,385
Lakeview Medical Center	Rice Lake	GMS	Barron	5A	4	$27,124,690	$2,088,290
Lakeview NeuroRehab Center Midwest	Waterford	Rehab	Racine	2A	8	$12,868,751	$9,038
Langlade Memorial Hospital	Antigo	GMS	Langlade	6	4	$32,858,052	$151,019
Libertas Treatment Center	Green Bay	AODA	Brown	4	8	$1,968,956	$269,370
Luther Hospital	Eau Claire	GMS	Eau Claire	5A	6	$117,244,192	$20,452,971

Source: *FY 2001 Hospital Fiscal Survey* , Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services

FY 2001 Wisconsin Hospital Index

Name	City	Type	County	Analysis Area	Volume Group	Total Revenue	Net Income
Memorial Community Hospital	Edgerton	GMS	Rock	1	1	$12,984,498	-$24,263
Memorial Health Center, Inc	Medford	GMS	Taylor	6	3	$13,466,428	$1,692,681
Memorial Hospital Corp. of Burlington	Burlington	GMS	Racine	2A	4	$55,806,894	$9,325,781
Memorial Hospital of Lafayette County	Darlington	GMS CAH	Lafayette	1	1	$6,305,163	$1,170,904
Memorial Hospital, Inc.	Neillsville	GMS	Clark	5A	1	$8,544,028	$529,955
Memorial Medical Center, Inc.	Ashland	GMS	Ashland	7	5	$32,947,133	$1,110,579
Mendota Mental Health Institute	Madison	State	Dane	1	8	$51,858,892	$1,058,527
Mercy Health System Corporation	Janesville	GMS	Rock	1	6	$203,206,481	$12,257,788
Mercy Medical Center of Oshkosh	Oshkosh	GMS	Winnebago	3	6	$106,777,800	$5,843,871
Meriter Hospital, Inc.	Madison	GMS	Dane	1	7	$188,128,034	$9,704,873
Milwaukee County Mental Health Complex	Wauwatosa	Psych	Milwaukee	2B	8	$108,469,808	$0
Myrtle Werth Hospital-Mayo Health System	Menomonie	GMS	Dunn	5A	4	$20,994,615	$1,348,452
New London Family Medical Center, Inc.	New London	GMS	Outagamie	3	3	$14,324,934	$409,114
North Central Health Care Facilities	Wausau	Psych	Marathon	6	8	$31,623,180	$836,054
Norwood Health Center	Marshfield	Psych	Wood	6	8	$1,826,538	-$17,413
Oconomowoc Memorial Hospital	Oconomowoc	GMS	Waukesha	2A	5	$60,865,793	$79,462
Oconto Memorial Hospital, Inc.	Oconto	GMS CAH	Oconto	4	1	$5,443,617	$473,231
Osceola Medical Center	Osceola	GMS	Polk	5A	2	$7,368,327	$1,254,290
Osseo Area Hospital and Nsg. Home, Inc.	Osseo	GMS CAH	Trempealeau	5B	1	$3,140,124	$283,014
Prairie du Chien Memorial Hospital	Prairie du Chien	GMS	Crawford	5B	3	$16,460,061	$2,493,651
Reedsburg Area Medical Center	Reedsburg	GMS	Sauk	1	4	$23,076,325	$995,749
Ripon Medical Center	Ripon	GMS	Fond du Lac	3	2	$12,180,711	-$321,410
River Falls Area Hospital	River Falls	GMS	St. Croix	5A	3	$16,332,965	$1,370,053
Riverside Medical Center	Waupaca	GMS	Waupaca	3	4	$19,807,344	$557,725
Riverview Hospital Association	Wisconsin Rapids	GMS	Wood	6	5	$39,171,014	$5,599,124
Rock County Psychiatric Hospital	Janesville	Psych	Rock	1	8	$3,957,844	$0
Rogers Memorial Hospital	Oconomowoc	Psych	Waukesha	2A	8	$19,668,488	$894,448
Rogers Memorial Hospital - Milwaukee	West Allis	Psych	Milwaukee	2B	8	$9,660,932	$444,159
Rusk Co. Memorial Hospital & Nsg. Home	Ladysmith	GMS	Rusk	5A	3	$10,815,754	$1,239,355
Sacred Heart Hospital	Eau Claire	GMS	Eau Claire	5A	6	$86,026,863	$14,700,433
Sacred Heart Hospital, Inc.	Tomahawk	GMS CAH	Lincoln	6	1	$7,777,545	$352,488

Source: *FY 2001 Hospital Fiscal Survey* , Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services

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Name	City	Type	County	Analysis Area	Volume Group	Total Revenue	Net Income
Sacred Heart Rehabilitation Institute	Milwaukee	Rehab	Milwaukee	2B	8	$10,628,472	-$1,638,330
Saint Joseph's Hospital	Marshfield	GMS	Wood	6	7	$220,759,420	$7,756,099
Saint Mary's Hospital, Inc.	Rhinelander	GMS	Oneida	6	5	$53,143,057	$3,857,736
Saint Michael's Hospital	Stevens Point	GMS	Portage	6	6	$78,975,679	$3,169,533
Sauk Prairie Memorial Hospital	Prairie du Sac	GMS	Sauk	1	4	$31,301,793	-$136,904
Select Specialty Hospital	West Allis	GMS	Milwaukee	2B	1	$11,131,117	$1,089,548
Shawano Medical Center	Shawano	GMS	Shawano	4	4	$21,831,503	$2,332,363
Sheboygan Memorial/Valley View Med. Ctr.	Sheboygan	GMS	Sheboygan	4	6	$67,650,742	$4,113,370
Southwest Health Center, Inc.	Platteville	GMS	Grant	1	3	$13,716,093	$3,213,448
Spooner Health System	Spooner	GMS	Washburn	7	2	$7,354,528	$234,055
St. Clare Hospital and Health Services	Baraboo	GMS	Sauk	1	4	$33,131,614	$2,428,603
St. Croix Regional Medical Center, Inc.	St. Croix Falls	GMS	Polk	5A	4	$29,503,685	-$2,503,941
St. Elizabeth Hospital	Appleton	GMS	Outagamie	3	6	$87,978,730	$8,379,769
St. Joseph's Comm. Health Services, Inc.	Hillsboro	GMS CAH	Vernon	5B	1	$5,967,372	$287,957
St. Joseph's Community Hospital	West Bend	GMS	Washington	2A	5	$47,306,817	$6,854,208
St. Joseph's Hospital	Chippewa Falls	GMS	Chippewa	5A	5	$35,654,446	$1,430,144
St. Joseph's Hospital	Milwaukee	GMS	Milwaukee	2B	7	$217,372,090	$19,516,940
St. Luke's Medical Center	Milwaukee	GMS	Milwaukee	2B	7	$670,815,594	$62,188,992
St. Marys Hospital Medical Center	Madison	GMS	Dane	1	7	$200,340,072	$34,273,823
St. Mary's Hospital Medical Center	Green Bay	GMS	Brown	4	5	$55,764,568	$3,484,289
St. Mary's Hospital of Superior	Superior	GMS	Douglas	7	2	$11,794,134	-$725,601
St. Mary's Hospital-Milwaukee	Milwaukee	GMS	Milwaukee	2B	7	$165,530,969	-$3,874,213
St. Mary's Hospital-Ozaukee	Mequon	GMS	Ozaukee	2A	6	$80,327,249	$15,537,849
St. Michael Hospital	Milwaukee	GMS	Milwaukee	2B	6	$104,770,421	$1,815,603
St. Nicholas Hospital	Sheboygan	GMS	Sheboygan	4	4	$40,006,135	$3,714,571
St. Vincent Hospital	Green Bay	GMS	Brown	4	7	$169,506,218	$22,759,925
Stoughton Hospital Association	Stoughton	GMS	Dane	1	2	$19,086,470	$100,891
The Monroe Clinic	Monroe	GMS	Green	1	5	$78,450,254	-$2,254,084
The Richland Hospital, Inc.	Richland Center	GMS	Richland	1	3	$20,317,782	$1,060,810
Theda Clark Medical Center	Neenah	GMS	Winnebago	3	6	$98,550,826	$8,298,498
Tomah Memorial Hospital, Inc.	Tomah	GMS	Monroe	5B	3	$13,044,660	$471,092

Source: *FY 2001 Hospital Fiscal Survey* , Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services

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Name	City	Type	County	Analysis Area	Volume Group	Total Revenue	Net Income
Tri-County Memorial Hospital, Inc.	Whitehall	GMS CAH	Trempealeau	5B	1	$5,487,729	-$17,721
Univ. of Wis. Hospital & Clinics Authority	Madison	GMS	Dane	1	7	$429,743,006	$23,105,465
Upland Hills Health	Dodgeville	GMS	Iowa	1	3	$16,621,210	$1,778,312
Vernon Memorial Hospital	Viroqua	GMS	Vernon	5B	4	$18,527,841	$701,372
Victory Medical Center	Stanley	GMS CAH	Chippewa	5A	1	$7,840,000	$64,000
Watertown Memorial Hospital	Watertown	GMS	Jefferson	1	4	$39,295,656	$3,254,403
Waukesha County Mental Health Center	Waukesha	Psych	Waukesha	2A	8	$4,132,576	$66,156
Waukesha Memorial Hospital, Inc.	Waukesha	GMS	Waukesha	2A	7	$227,296,462	$23,302,210
Waupun Memorial Hospital	Waupun	GMS	Dodge	1	4	$16,793,575	$539,011
Wausau Hospital	Wausau	GMS	Marathon	6	7	$155,748,271	$15,174,769
West Allis Memorial Hospital	West Allis	GMS	Milwaukee	2B	6	$121,332,611	$10,756,981
Wild Rose Community Mem. Hospital, Inc.	Wild Rose	GMS CAH	Waushara	3	1	$4,889,072	-$486,014
Winnebago Mental Health Institute	Winnebago	State	Winnebago	3	8	$46,006,995	$912,009

Source: *FY 2001 Hospital Fiscal Survey* , Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services